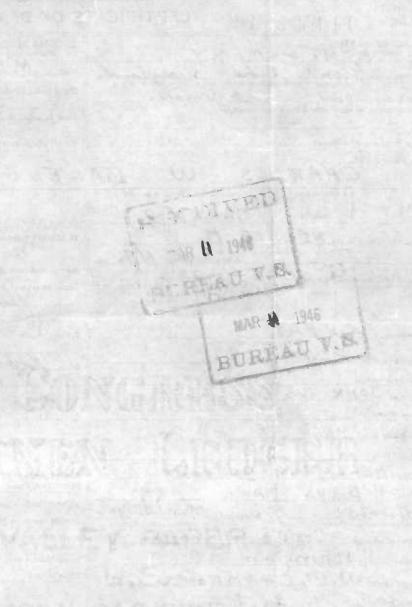
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FOR BINDING	
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MARGIN	
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	es St., Baltimore (12750)
LM No. I O 1 MAR 29 1946 CERTIFICAT	TE OF DEATH Reg. Dist. No. 2/6
PLACE OF DEATH:  unty MONT 60 MERY,  ty or fown. Slen Echa manyland	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
w long in above place of death? 25 games with a spital, institution, or street address where death occurred.	City or town. G.L.E.N. E.C. 14 0.  (If outside city or town limits, write RURAL and give nearest town)  Street No. 3. BRYN MAWR AVE.
w long in hospital or institution?	2.(a) If veteran, name war
CHARLES W BA	LENGER. 3. (b) Social Security Number
M. 5. Color or race 6.(a) Single, married, widowed, or divorced MARRIE D.	MEDICAL CERTIFICATION 1946  20. DATE OF DEATH. 1945
Birth date of deceased (mo., day, yr.) JUNE 8 - 1-88-3 1884  AGE: Years Months Bays If less than one day 61 62	21. I CERTIFY that death occurred on fhe date above stated; that I attended degased from  19. 10. 13. 10. 13. 10. 19. 19. 10. 19. 19. 19. 10. 19. 19. 10. 19. 19. 10. 19. 19. 10. 19. 19. 10. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19
Informant NEL-LIE M. BALENGER  Address 3. BRYN MAWR AVE  Bullial Mar. 9 1946 (Burtial, cremation, or removal. Which?)  Date thereof Mar. 9 1946 (month) (day) (year)  Cemetery or crematory Cedar Hill Cemeter y  Lecation Mashington D. C  Funeral director W. W. CHAMBERS. Co	Date of op.  Autopsy results PHYSICIAN: Flease underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Ed C	MNO. I O 1 MAR 29 1946 CERTIFICAT  PLACE OF DEATH:  INT. A CERTIFICAT  PLACE OF DEATH:  INT. A CERTIFICAT  PLACE OF DEATH:  INT. A CHARLES  INT. CHARLES  IN

J



1. PLACE OF DEATH:

PLEAST WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correst is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

	1
	83-al
- 1	Y 250

2. USUAL RESIDENCE (HOME) OF DECEASED:

### CERTIFICATE OF DEATH

02760 \* Reg. Dist. No. 223

county Montgomery	(For newborn infants give residence of mother)
City or town. Takoma Park (If outside city or town limits, write RURAL and give nearest town)	State
(If outside city or town limits, write RURAL and give nearest town)	City or town Washington D. C.
How long in above place of death?	
Hospital, institution, or street address where death occurred:	Street No. 1203 Hamilton St., N.W.
Washington Sanitorium	(If reral, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Anna L. Barton	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
female white married	Mamala 25 1.6 7.504
	20. DATE DF DEATH March 25, 19 46, et 7:50 A 44
6.(b) Name of husband or wife E. C. Barton	21. I CERTIEY that death occurred on the date above stated; that I attended deceased from
	Oct. 1 19.45 , 10 March 19.75
7. Birth date of	and that I last saw he alive on Musich 24 19.46
deceased (mo., day, yr.) January 9, 1903	Immediate cause of death
8. AGE: Years   Months   Days   If less than one day	Putracramal humbling a 10 boys.
43hrsmln	
	Due to Muycotie aneurism years:
9. Birthplace	Due to.
10. Usual occupation Housewife.	
10. Usual occupation	Due to
11. Industry or business	
12. Mame Charles Donnelly 13. Birthplace Tennessee	Other conditions
13. Birthplace Tennessee	
	(Include pregnancy within 3 months of death)
14. Malden name Bessie Hollingsworth	Major findings of operations
14. Malden name Bessie Hollingsworth  15. Birthplace Tennessee	Qate of op.
16. Informant E.C. Barton	
	PHYSICIAN: Please underline the cause to which death should he charged statistically.
Address 1203 Hamilton St., N. W.	22. VIOLENCE; If death was due to external causes, fill in the following;
(Burial, fremation, or removal, Which?)  Oate thereof (month) (dgy) (year)	
(Burial, dremation, or removal. Which?)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
	Injured at home, farm, Industry, public place (where?)
Location	
18. Funeral director of H Stance CO	Means of Injury Injured at work?
2001 11 d st 20/6/	and the state of t
Address 2901-147 07 1110/19	23. SIGNATURE DANIEL My Jagant 191
19. March 25 19 46 / HOUR NOUL	M. D. or other
(Date rec'd by registrar) Registra	Address Coast Date signed 70

RECITIVED
MAR 26 1946
BUREAU V B.

3/25/46-

The Roll

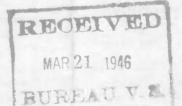
# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

2411 N. Charles St., Baltimore	-	
CERTIFICATE OF DEATH	Reg. Diat. No. 210	2.

	Reg. Dist. 140
1. PLACE OF DEATH: County MANY QO MARY	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Bethes da thank write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:	State VVIAV H. Avid County VVI Q VVI CV H.  City or town 13 C Lyn County LYN
SUBURBANHOSPILAL Bethesda Md.  How long In hospital or Institution? 64249-1548	Street No. 6808 EXPAIN Rd. (If rural, give LOCATION)  2.(a) If veteran, name war
3. (a) FULL NAME	3.(b) Social Security Number
Mr Horace h. Beall	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or diseased	MEDICAL CERTIFICATION
m w. m	20. DATE OF DEATH. 3-16 1946 7:25 A. N
8.(b) Name of husband or wife. Agres Beall	21. I CERTIFY that death occurred on the date above stated; that I attended deceaced from
	211012 2 1946 to Eller 1 6 1946
7. Birth date of	and that I last saw had alive on 19
deceased (mo., day, yr.) 101, 9, 1863  8. AGE: Years   Months   Days   It less than one day	Immediate cause of death.
0, AGE,	Jesemeranes Commen 48 bis
82	
9. Birthplace LLAS him to the County, and state)	Due to Cerebral acceptual Tologa
10. Usual occupation Paterit Atty.	
	Due to garage and a second and
11. Industry or business	7
12. Name Richard Beall 13. Birtholace Washington D.C.	Other conditions
2 13. Birtholace Washington U.C.	(Include pregnancy within 3 months of death)
H 14. Maiden name ?	Major findings of operations.
15. Birtholace	major manings of operations.
Yest'tal Proces	Autopsy results
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address	22. VIOLENCE: If death was due to external causes, till in the tollowing:
(Burlal, cremation, or removal, Which?)  (Burlal, cremation, or removal, Which?)	Accident, suicide, or homicide
	Where did injury occur?
Cemetery or crematory	
Location Machiney Locality	Injured at home, farm, Industry, public place (where?)
18. Funeral director Cosella F. Binchis Som	Meens of Injury Injured at work?
Address 13034 m. St. n. Track. S.	
Address Jojy III. M. IL.	23. SIGNATURE M.D. or other
19.3-/6-46.19	, , ,
(Date rec'd by registrar) Registr	rar Address 921 drug ounds 19 Date signed 3/12/10

MARGIN RESERVED FOR BINDING



VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



# CERTIFICATE OF DEATH

02762

Reg. Dist. No. 4714

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
3.(a) FULL NAME May m. Ber	3. (b) Social Security Number
female white married, widowed, or divorced white married, widowed, or divorced served white Berry.  6.(b) Name of husband or wife	MEDICAL CERTIFICATION  20. DATE DF DEATH
7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Jays If less than one day  6. (c) If alive, give age years  7. Jays If less than one day  6. 7 / 7	and that I last saw her alive on the S 19. Immediate cause of death DURATION
9. Birthplace (Town, county, and state)  10. Usual occupation.	Bue to Clasome Lypertensive 10 yours.  Bue to.
11. Industry or business    12. Name	Diher conditions
14. Malden name Pose Vierrain  15. Birthplace View York, h. Y,  16. Informant Posess Please Posess Ind.,	Major fiudings of operations
17. But thereof MAR 11-1916 (Burial, cremation, or removal. Which?)  Date thereof MAR 11-1916 (mouth) (day) (year)  Cemetery or crematory HRLINGTON NATIONAL	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Location ARLINGTON Co. VIRGINIA.  18. Funeral director Clares & Pumphrey  Address SILVER SPRING - MO.	Injured at home, farm, Industry, public place (where?)  Means of Injury  Injured at work?  A Bauersfeld & O.
19. M. to ch 10 1946 Josephine Schaffer (Date rec'd by registrar)  Registrar	23. SIGNATURE Signed 3 / 9/86

RECLY MAR 12 1945 BUREA

HEROST COLUMN TO SECURE SECURE

PLEASE

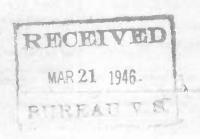
3/19/46

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (107) CERTIFICATE OF DEATH



				Keg. Dist. No	\W
1. PLACE OF DEATH: County Montgomery			2. USUAL RESIDENCE (HOME) C (For newborn infants give residence of	f mother)	
City or town	a (rural) a limits, write EUR lays re death occurred: Bethesda	AL and give nearest town)	State Savannah City or town (If outside city or town limit Street No. (If rural, giv	ts, write RURAL and give ne	
How long in hospital or institution?	3 day	<b>7S</b>	2.(a) If veteran, name war	•••••••	V.
3. (a) FULL NAME	BLACK	, Clarence Eugene	, PhM2c USN	3. (b) Social Security	Number
4. Set   5. Color or race   W-US	6.(a)Single, m	arried, widowed, or divorced	MEDICAL C	CERTIFICATION 19.46	. 8:40A
6.(b) Name of husband or wife		f alive, give ageyears	21. I CERTIFY that death occurred on the date at 11 March 19	boye stated; that I attended dec	eased from
7. Birth date of	<b>-</b> 22		and that I last saw h		DURATION
8. AGE: Years Months 23 9	Days	it less than one day	Immediate cause of death bronchopneumoni		DONATION
9. Birthplace			Due to		
12. Name Clarence J.	Black		Diher conditions	1	
14. Maiden name unknown			(Include pregnancy within 3	nal brain	1111/.
Father: Mr.  Address Savannah, I	Clarence	J. Black	Antopsy results. Perduc PHYSICIAN: Please underline the cause to	which death should be charge	
17removal (Burial, cremation, or removal, White	Date thereof	3-13-16 (month) (day) (year)	22. VIOLENCE: If death was due to external conditions and accident, suicide, or homicide	Date of	
LocaticoSavannah	0		Injured at home, farm, Industry, public place (		
		J.C.J.	RK Plank	on ht luc	
	Mary Cha	ELA VACAS A STATE OF THE STATE	23. SIGNATURE C. T. THOMPS  Address US NH Bethesda. N	М. D	. or other



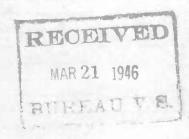
			-	1000		
		-			03	1
2	er.	D:	at.	No.	1	0

# CERTIFICATE OF DEATH

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Montgomery	••••		
City or town. Bethesda (rural) (If outside city or town limits, write RU	T3 4 8	State	***************************************
(If outside city or town limits, write KU	RAL and give nearest town)	City or town Washing ton (If outside city or town limits, write RURAL and give near	est town)
How long in above place of death? 3. days. Hospital, Institution, or street address where death occurred:	***************************************	1917 Bennett Pl., N. E.	est town,
US Naval Hospital, Beth	esda. Md.		/
		World War II	./
How long in hospital or institution? 3 days		2.(a) If veteran, name war.	V
3.(a) FULL NAME BLACK, Willia	m Randolph	3. (b) Social Security 1	lumber
4. Sex 5. Color or race 6.(a) Single,	married, widowed, or diverced	MEDICAL CERTIFICATION	
male colored si	ngle		7 1
mare corored sr	ngre	20. DATE OF BEATH	
B.(b) Name of husband or wife		21. I CERTIFY that death occurred on the date above stated; that I attended decea	ed from
m made distributed	it atte, give age	and that I last saw h im alive on li March	194/9
deceased (mo., day, yr.) 12-22-12		Immediate cause of doth	DURATION
8. AGE: Years   Months Days	tf less than one day	Robar Melymomor	4 Chay
33 2 20	hrs. min.		
		<b>V</b>	
9. Birthplace	ota)	Due to	***************************************
		***************************************	
10. Usuat occupation		Due to	
11. Industry or business			
F 12 Name William Black		Other conditions	
	***************************************	Uther conditions	***************************************
13. Eirhpiace La. deceased		(Include pregnancy within 3 months of death)	
14. Malden name Pensie Stevenson			
15. Birthplace M. deceased		Major findings of operations	
≥ 15. Birthplace M • Geceased		Date of op.	
16 Informant Sister: Mrs. Marie T	avlor	Autopsy results.	
		PHYSICIAN: Please underline the caose to which death shoold be charged	atatistically.
Address 1917 Bennett Pl., N.		22. VIOLENCE: If death was due to external causes, fill in the following:	
burial Date thereo	01 3-16-76 (month) (day) (year)	Accident, suicide, or homicide	******
(Burial, cremation, or removal, Which?)  And in orthon Notice	(month) (day) (year)		
Cemetery or crematory Arlington Nati	Land	Where did injury occur?	(State)
Location Arlington, Va.		Injured at home, farm, industry, public place (where?)	
18. Funeral directo W. Ernest Jarvis /		Means of injury prived at work?	
		DAX 1111//	
Address 1132 U St., N. W., Wa	sh. D.G.	23. SIDNATURE C. W. C. SMITH, Comdr. (MC)	USNR
19 3-14 19 46 Mary C	harlotte Smith	м. р.	or other
(Date rec'd by registrar)	Registrar	Address US NH Bethesda, Md. Date signed.	3-14-46

UNFADING INK. Supply every item of information carefully. The clant. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, is especially



MARGIN RESERVED FOR BINDING

### MARYLAND STATE DEPARTMENT OF HEALTH

02765

# CERTIFICATE OF DEATH

2411 N. Char	ries St., Baltimore 940. TE OF DEATH  Reg. Dist. No. 216
1. PLACE OF DEATH:  County The Majorney The City or town Majorney (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:  How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State. The form of County the County of the City or town. (If outside city or town limits, write RURAL and give nearest town)  Street No. 4806 Westway fund.  (If rural, give LOCKTION)  2.(a) It veteran, name war.
3.(a) FULL NAME ARTHURE CARLSON	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced  Male White Manuel	MEDICAL CERTIFICATION  20. DATE OF DEATH Max. 14 19.46 at 9.1
6.(b) Name of husband or wife. Manyanet a Carlson.  7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19.45 to Market 19.4  and that I last saw have alive on Market 19.4  Immediate cause of death OURATI
9. Birthplace. Chicago Jell.  10. Usual occupation. Transportation office.	Due to Jake St agen as office
11. Industry or business  12. Name John: Carlson  13. Birthplace Queeler	Other conditions
14. Malden name	(Include pregnancy within 8 months of death)  Major fiadings of operations
16. Informant Man Garsh: a Carleron  Address 4806 Westway Shrier  17. Per Date thereot 3/14/46	Autopsy results
(Burial, cremation, or removal. Which?) (month) (day) (year)  Cemetery or crematory	Accident, suicide, or homicide
18. Funeral director A. Heines Ov.  Address 2901-14 st. m. W.	Meens of Injury Injured at work?  **The stand of the stan
19. 3/14 19.46 9/m & John & John & Golson	23. SIGNATURE M. D. or other  Address 3/30 Win Address Signed 3/4/4

Coroner notified
and will approve.
Hul Dorthul W.
10:30 Pm. 3/14/46

RECEIVED

MAR 21 1946

BUREAU V S.

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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A.	12725	

Reg. Diat. No.

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	/-	

# CERTIFICATE OF DEATH

1. PLACE OF DEATH:	(For newborn infants give residence of mother)
county Montgornery	State County
City or town. Bethesda, Milary Land (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death? 9 days	City or town LIAS kn. 17.4 Fo. W
Hospital, Institution, or street address where death occurred:	Street No. 3. 420 - 16th St., M.L.). (If rurol, give LOCATION)
Suburban Hosp-Bethesda Md.	(If rurol, give LOCATION)
How long in hospital or institution? 90045 - 14 Mys., +	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mrs Harriet Carpenter	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or diversed	MEDICAL CERTIFICATION 20
F	20. DATE OF DEATH 3-30 19.46 21 7 A. N
6.(6) Hamo of bush or band Tredevick C. Carperter	21. I CERTIFY that death occurred on the date above stated; that I atlanded deceased from 19.35, to May 3.
7. Birlh date of	and that I last saw h. evalue on Tray 27 1846
deceased (mo., day, yr.) 2-21-69  8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
S. AGE.	Coronary wrombosis 6 wks
77 1 3hrsmin.	(+)6
9. Birthplace (Town, eousty, and state)	to leverdens arterioscloros ques
10. Usual occupationH.O.U.S.e.W.i.C.e.	(2) Ohr. Valoular hour des as ? years
10. Usual occupation	Oue to
11. Industry or business	
12. Name WY Y Phy England  England	Other conditions
至 13. Birthplace : England	(Include pregnancy within 3 months of death)
14. Maiden name Wirthiace England	
15. 8irthplace England	Major fiadiogs of operations.  Date of op.
	1
16. Informant	Autopsy results
Address	22. VIOLENCE: If death was due to external causes, flil in the following;
17 Burel Date thereof apr. 2, 1946	Accident, suicide, or homicide/
(Buriai, cremation, or removal, Which?) (month) (doy) (year)	100
Cemetery or crematory.	Where did injury occur? (City or town) (County) (State)
Location Sutland, The.	Injured at home, farm, Industry, public place (where?)
18 Funeral director The S. H. Danes Co	Means of injury Injured at work?
nani lith It Will	(/ac 1X - 8
Address & TUI - 14 - 51, 11, 10,	23. SIGNATURE Chulospan ma
10 3/30 176 Mm G. Jebes	M. D. or other
(Date rec'd by registror)	Address DOI Nevade M NW Date signed and 1946

APR 4 1946
BUREAU V.S.

2411 N. Charles St., Baltimore

03118

## CERTIFICATE OF DEATH

1. PLACE OF DE				2. USUAL RESIDENCE (FIOME) OF DECEASED (For newborn infants give residence of mother)	<b>!</b>			
County Montgomery				Nd P				
City or town Bethesda (rural) (If outside city or town limits, write RURAL and give nearest town)				State Hyattsville County				
How long in above place of death? 6 months, 12 days  Hospital, institution, or sireet address where death occurred:  US Naval Hospital, Bethesda, Md.			tURAL and give nearest town)	Cily or town (If outside city or town limits, write RURAL and give nearest town)				
			12 days					
			i:	Sireet No. 2903 Kennedy St.,				
How long in hospital or institution? 6 months, 12 days				(If rural, give LOCATION)				
Now long in hospital	or institution?	o mont	is, 12 days	2.(a) If veteran, name war lst World War				
3. (a) FULL NAM	de CAS	PERS,	Frank Xavier, QM S	gt. USMC Ret.Inactive 3.(b) Soc	ial Security Number			
4. Sex	5. Color or race	6.(a)Sing	e, married, widowed, or divorced	MEDICAL CERTIFICA	TION			
male	W-US		widowed	20. DATE OF DEATH. 29 March	1946 at 9:15A m			
& (b) Name of husban	d or wife			21. I CERTIFY that death occurred on the date above stated; that	t attended deceased from			
				17 September 1945 10	29 March 19 40			
7. Birth date of	25 T	78	c) It alive, give ageyears	and that I last saw h im alive on 29 March	19 46			
deceased (mo., day	, yr.) 27 1	90. TO		Immediate cause of death	OURATION			
8. AGE: Yea	rs Months	Days	if less than one day	DI 6- 5 e- 5 e- 8 // 1 t- 6	1 tus			
6	0 3	1	hrsmln.					
				Due to GnKnown	/			
9. Birthplace	(Town	county, and	stste)	Due to				
	vetera	n		***************************************				
10. Usual occupation	L	TV.T	999999999999999999999999999999999999999	Due to				
11. Industry or busine				***************************************				
12. Name Sa	muel Caspe	rs	***************************************	Other conditions				
12. Hame Sa	Germany			***************************************				
×	Helen Ru	ssell		(Include pregnancy within 3 months of dest				
14. Maiden nam	E		***************************************	Major fieldings of operations a L C vs L / 6/	M. G. T. F. VYIT SOB			
15. Birthplace	Ill.			Panereas Da	te of op. 3			
si si	ster: Wiss	Helen	Caspers	Autopsy results				
				PHYSICIAN: Please underline the cause to which death show	ild be charged statistically.			
Address 2903	Kennedy S	t. Hy	attsville, Md.	22. VIOLENCE: If death was due to external causes, fill in the	following:			
buri.a	on, or removal. Which	. Date the	reof (month) (day) (year)	Accident, suicide, or homicide				
(Burlal, crematic	on, or removal. Which	(?)	(month) (day) (year)					
Cemetery or crema	atory Arling	ton Na	W.OHAL	Where did injury occur?	ounty) (State)			
ll .			1 . [[ ]]	Injured at home, farm, Industry, public place (where?)	***************************************			
	lington, V				ed at work?			
18. Funeral director.	Hanlon	runera	1 Home war	al emely				
Address 6117	"H" St.,	N.E.W	ash D.C.	T) A WINDING T+/O	an (MC) HEND			
Hudicas Capa		10-00-6	Vac Vista In the	23. SIGNATURE J. A. KENNEDY, Lt.C	M. D. or other			
19. 3-2	9 19 46	Mary C	harlotte Smith	Address US NH Bethesda, Md.	3-29-46			
(Date rec'd by	registrar)		Registrar	Address OD ATT DO OTTO	Date signed			

C PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legible. MARGIN RESERVED FOR BINDING

1 VS A15



ATTEM :

Evidence for	change of	age	MARYLAND S	STATE	DEPARTMENT	<b>OF</b>	HEALTH
of deceased	is shown o	197	24	11 N. Ch	arles St., Baltimore	(4)	

	U	6	6	U	1	1
Reg.	Di	st.	No		21	6

EHM No. I O 1 APR 29 1946 C	CERTIFICATE OF	DEATH
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1. PLACE OF DEATH:  County Montpomery	2. USUAL RESIDENCE (HOME) OF DECEASED?  (For newborn infants give residence of mother)		
Rothe La. Md.	state Maryland county Montgomery		
(If outside city or town limits, write RURAL and give nearest town)	City or town		
How long in above place of death?	(If outside city or town limits, write RURAL end give nearest town)		
Suburban Hospital	Street No. (If rural, give LOCATION)		
How tong In hospital or institution?	2.(a) If veteran, name war.		
3. (a) FULL NAME	3. (b) Social Security Number		
Mr. Joseph Dennis Cavanaugh	1		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Married	20. DATE OF DEATH MAYCH 30 19.46 , at 2 43 A.M		
6.(b) Name of husband or wife Annie V. Cavanaugh	2t. I CERTIFY that death occurred on the date above stated; that t attended deceased from		
	Dec 1145 10 30 mar 1146		
7. Birth date of deceased (mo., day, yr.) Sept. 10, 1885	and that I last saw h in alive on 29 Min 1946.		
8. AGE: Years Months Days It less than one day			
<b>62</b> 60min.	&dap.		
9. Birthplace Redland, Montgomery, Maryland	Due to arterischeron 10 gro		
10. Usual occupation Farmer	Destrelia Mellitica		
11. Industry or business	DUE 10.		
E 12 Name Dennis Cavanaugh	Other conditions / sexpertermen 15 400		
13. Birthplace Cork County, Ireland	Hesplostatis Polamony 4 days		
14. Malden name Mary Ganey 15. Birthplace Cork County, Ireland 16 informant Dayahter Mary Ganey Cavanayah	(Include pregnancy within 3 months of death)  Major findings of operations.		
\$ 15. Birthplace Cork County . Ireland	Major indings of operations.  Date of op.		
16. Informant Daughter, Mary Ganey Cavanzugh	Autopsy results as aliane		
Address Box 389, Rock ville, Maryland	PHYSICIAN: Please underline the causa to which death should be charged statistically.		
	22. VIOLENCE: If death was due to external causes, fill in the following;		
17. Burkal, cremation, or removal. Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory Gotomac Cemetery	Where did Injury occur?		
josztion Mary Land	Injured at homa, farm, industry, public place (where?)		
18. Funeral director With Reuban Jumphre	Means of Injury Injured at work?		
D 6 20 m. 010	1 11/2 1/ 1/8		
Address Tockwelle Makey Cares	23. SIGNATURE		
19. (Date rec'd by registrar)	Address Pochwelle Web Byte signed 30 holls		

RECEIVED

APR 4 1946

BURFAU VE

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

02768

			~	. /
Reg.	Dist.	No.	1	0

1. PLACE O			TANK		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
					State Maryland County Montgomery			
on, or townshin.	(If outsid	e city or town li	mits, write R	URAL and give nearest town)	City or town Bethesda (If outside city or town limits, write RURAL and give			
How long in above place of death? 15 Vears  Hospital, Institution, or street address where death occurred:								
Hospital, Institu	tion, or stree	t address where i	geath occurred		Street No. 7821 Bradley Blvd.			
********************			•••••••		. (If rural, give LOCATION)			
How long In hospital or institution?				•••••••••••••••••••••••••••••••••••••••	2.(a) If veteran, name war. NO.			
3. (a) FULL	NAME				3. (b) Social Secu	urity Number		
		MRS.	ADA N	MAY CISSEL	None	9		
4. Sex	5.	Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CERTIFICATION			
Fema	ale	White	Wid	lowed	20. BATE OF DEATH Max 15 195%	6 21 8 ee A 1		
	about as an	. Samue	1 5	Cissel	21. I CERTIFY that death occurred on the date above stated; that I attended	Marin		
					a sep med Econ 19 0 10 0	19		
7. Rirth date of			B.(c	) If alive, give age Decease	and that I last saw halive on	19		
deceased (mo	., day, yr.)	April	13, ]	L867 .	Immediate cause of death	DURATION		
8. AGE:	Years	Mooths	Days	If less than one day	Immediate Cause of death	die		
	79	11	2	hrs mi	Cornary occlusion	suddenly		
9. Birthplece	Wash	ington (Town,	D C	tate)	Due to			
10. Ilenal occur	nation H	ous ewi f	`e		***************************************			
					Due to	***************************************		
11. Industry or		II WAT	alch					
					- Dther conditions	***************************************		
13. Birthpla	ice 🦞	ashing	ton, D.	C	(Include pregnancy within 8 months of death)			
14. Malden	nameL	shingt	ouise	Laub	Major findings of operations			
15. Birthnia	e Wa	shingt	on .D. (	3				
7.1 100 0 11.11	70.00	707	- C T	2000				
16. Informant	Mrs.	ELOIS	3	Rones	PHYSICIAN: Please underline the cause to which death should be che	arged statistically.		
Address 78	321 B	radley	Blvd.	, Bethesda, Md.				
		al emoval. Which?)		of Mar. 18, 1946 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:			
(Burial, cre	mation, or r	emoval. Which?)	Date there	(month) (day) (year)				
Cemetery or	crematory	Oak Hi	ll Cer	netery	Where did injury occur?	(State)		
Location	Wash	ington	D.C.	) <u></u>	injured at home, farm, industry, public place (where?)			
				0	Means of Injury Injured at work			
				Lumphany	French J. Brownhace	an i		
Address I	Bethe	sda, Ma	erylar	nd (				
Address Bethesda, Maryland  19. 7/8 19 76 Mm E John Comments  19. (Date rec'll by registrar)					23. SIGNATURE M. D. or other  Address Starthering M. D. or other  Address Starthering M. Date signed 3.16.46			

THE TAKEN TO SEE STATE WASTERN

MAR 21 1946

Evidence for the change of MARYLAND STATE DEPARTMENT OF HEALTH age of deceased is shown on 2411 N. Charles St., Baltimore 940 CERTIFICATE OF DEATH I. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: information carefully. The col death clearly and legibly. (For newborn infants give residence of mother) (If outside city or town limits, write RURAL and give nearest town) City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... Hospital, Institution, or street address where death occurred: (If rural, give LOCATION) How long in hospital or institution?. 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION item of i ARGIN RESERVED FOR BINDING 2D. DATE OF DEATH. 21. I CERTINY that death occurred on the date above staled; that I ettended deceased from 6.(b) Name of husband or wife. .6.(c) It alive, give age write 7. Right date of deceased (mo., day, yr.) Supply lease wri DURATION Immediate cause of death. It less than one day 8. AGE: Years 68 pla ADING INK. Physicians: p 9. Birthplace .... (Town county and state) 1D. Usual occupation. 11. Industry or business important. 13. Birthplace (Include pregnancy within 3 months of death) 14. Malden na 15. Birthplace 14. Malden name Major findings of operations .. PLAINLY, vis especially PHYSICIAN: Plesse underline the cause to which death should be charged statistically. Address 22. VIOLENCE: If death was due to external causes, fill in the tollowing; Date thereof. Accident, suicide, or homicide,..... Burial, cremation, or removal. Which?) Where did injury occur? ...... WRITE (City or town) (County) (State) Injured at home, farm, Industry, public place (where?) Injured at work? Meens of Injury PLEASE 23. SIGNATURE.. M. D. or other Med. Date signed 3.17-46 There (Date rec'd by registrar) Address.....

RECUIVED
MAR 26 1946
BUREAU V.B.

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

			Reg. Dist. No.		
1. PLACE OF DEATH: County Montgomery		2. USUAL RESIDENCE (HOME) OF D (For newborn infants give residence of mot			
City or town. Bethesda (1)	ural) its, write RURAL and give nearest town) 10urs	State D. County			
	Bethesda, Md.	Street Ro. 14700 East Capitol St., N. E.  (If rural, give LOCATION)  2.(a) If veteran, name war.			
3. (a) FULL NAME CLIPPE	R, Thomas Isaac		3. (b) Social Security Number		
4. Sex 5. Color or race male colored	6.(a)Single, married, widowed, or divorced married	MEDICAL CER 20. DATE OF DEATH. 13 Marc	tification h 10:45		
6.(b) Name of husband or wife	thel M. Clipper  5.(c) If allve, give age years Nov. 12, 1914	21. I CERTIFY that death occurred on the date above a 12 March 1946 and that I last saw him 2 live on 13 Ma	stated: that I attended deceased from 1216		
deceased (mo., day, yr.)  8. AGE: Years   Months   31   4	Days   If less than one day   1  hrsmin.	Immediate cause of death.  Fullish of ting Menine	NOITARUO		
11. Industry or business Tagir De	iver.	Oue to.	itefish		
13. Birthplace Md.	Jatson	Other conditions	ths of death)		
14. Malden name		Major findings of operations	Date of on		
16. Informant wife: Mrs. Eth	nel M. Clipper	Antoppy results 74/14 14 05.40 PHYSICIAN: Please underline the cause to which	death should be charged statistically.		
17. (Burial, cremation, or removal, Which?)	Date thereof (month) (day) (year)	22. VIOLENCE: 11 death was due to external causes, 1111 in the following:  Accident, suicide, or homicide			
Cemetery or crematory. Automost	1. ( .	Where did injury occur?			
18. Funeral director. W. Ernest J.	RVIS G G H	Means of injury Office Control	Injured at work?		
Address 1432 U St., N.  19. 3-13 1946 (Date rec'd by registrar)	Mary Charlotte Smith	US N.H. Bethesda Md	Lt.Cdr. (MC) USNR  M. D. or other  3-13-46		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING



2:71

# MARYLAND STATE DEPARTMENT OF HEALTH

### CERTIFICATE OF DEATH

	ATE OF DEATH  Res Dist No. 22
CERTIFIC	ALE OF DEATH Reg. Dist. No.
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County 11 Ty Tanuly	3/10
lty or town. J. A. O. M. J. T. W. J. W. W. J. W. W. J. W. W. J. W. W. J. W. W. J. W. J. W. W. J.	State Mary and County Marst gourly
(if outside city or town limits, write RURAL and give nearest town)  fow long in above place of death?	City or town (11 outside city or town limits, write RUBAL and give nearest town)
lospital, institution, or street address where death occurred:	all sid a product of the
The Washington Samitarining Hochibal	Street No. (If rural, give LOCATION)
How long in hospital or institution? I we drays.	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Minimum Cattain	
4. Sex 5. Color or race 8.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
Ferral white Zelarried	20, DATE DE DEATH March 23 1946 at 9:
of Plitall Cather	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
6.(b) Name of husband or wife.	December 1944 10 Mas. 23 18
7. Birth date of	years and that I last saw h. L. allye on March 23 18
deceased (mo., day, yr.) June 20, 1905	Immediate cause of death Conta Congestive DURA
8. AGE: Years // Months Days If less than one day	heart failure 1 m
40 9 3hrs.	min.
9. Birthplace Wiagara Falls, Hew york.	Due to Pulmonary Infanction / 10
9. 8 rthplace (Town, county, and atate)	
10. Usual occupation the second with E	Due to Relegionation heart disease '5-
11. Industry or business	
	Other conditions Hydrottonax Bil,
E 12. Name 12. Name 13. Birthplace	the conditions of the Canada Five
210	(Include pregnancy within 3 months of death)
14. Malden name	Major findings of operations.
9 15. Birthplace	Oate of op.
18. Informant Harfridge Record	Autopsy results. as above
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address	22, VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?)  Date thereof Mallie 1. 3. 1.9.  (month) (day) (year)	46 A that a late or handale Boto of
\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	
Cemetery or crematory	Where did injury occur?
Location	injured at home, farm, Industry, public place (where?)
18. Funeral director SH Hunes Co.	Means of Injury Injured at work?
2001 , rel Cd 30 . 67	0, 98
Address 2701 - 14 . There is a second of the	23. SIGNATURE John 6. Oceren la
1.5-23 1.46 Alburgh	7 /3 / // PK (4 - 4/. (4) M, D. or other
(Date rec'd by registrar)	strar Address 6 901 - 14 37 - N. Date signed 3/43

MARGIN RESERVED FOR BINDING

RECEIVED

MAR 28 1946

BUREAU V.S.

### MARYLAND STATE DEPARTMENT OF HEALTH

### 2411 N. Charles St., Baltimore 552) CERTIFICATE OF DEATH

02772

			CATE OF DEATH	Reg. Dist. No. 216	
City or townBe	ontgomery thesda (ru outside city or town li	ral) mits, write RURAL and give nearest town ons, 8 days	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State		
Hospital, Instilution,	r street address where	dean occurred: Bethesda, Md. mons, 8 days	Street No. 4519-43 Plac	al, give LOCATION)	
3. (a) FULL NAM	I L	VEN, James Francis		3. (b) Social Security Number	
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICA	AL CERTIFICATION	
male	W-US	married	20. DATE OF DEATH	farch 19 16 . 9:15 1	
7. Birih date of	June		Nov. 27	date above stated; that I attended deceased from  19 15 to 5 March  19 16  5 March  19 16	
8. AGE: Yea	, 71.7	Days If less than one daybrs.	Immediate cause of death	aneous right lung.	
8. Birthplace	veteran veteran		Due to Tostaperative aspins  Due to Tostaperative of  Controlling serallo  Bither conditions of Alman	Paralessis of runcles	
13. Birthplace	Irela				
14. Maiden nam 15. Birthplace	Va.		Major findings of operations Hadre	al Leck dissection night, for	
		N. W., Wash., D.C.	PHYSICIAN: Please underline the cau  22. VIOLENCE: If death was due to ext	se to which death should be charged statistically.	
	on, or removal. Which?	Date thereof 3-8-46 (month) (day) (year on National	Accident, suicide, or homicide		
Location Arl	ington, Va	•		place (where?)	
Address 175	O Pennsylv	Mers Avenie N.W. Was	D. B. MIL	Lir, Lt. (MC) USN	
19. Date rec'd by	-6 <sub>19</sub> 46		ristrar Address US NH Bethesda	M. D. or other  2. Md. Bate signed 3-6-46	



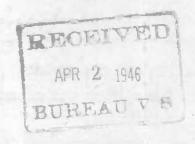
2411 N. Charles St., Baltimore 93-2

# CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County Montgomery	(For newborn musics give residence of mother)
City or town. (If outside city or town limits, write RURAL and give nearest town)	State County
How long in above place of death?	City or town Washington D. C. (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	
Wash San. + Hosp.	Street No. 502 6 News Koad (If rural, give LOCATION)
10 11 10	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	2.(a) It veteran, name war
Bertha Vivainia Custer.	3. (b) Social Security Number
4. Sex   5. Color or race / 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Married.	,
Female White Married.	20. DATE OF DEATH 3/3/ 1946 ,21 10 A.M
6.(6) Name of husband or wife. Alvin 13. Custer	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  Sept 21 1943 to Mar 31 1946
	and that I last eaw h. L. allve on M. K. L. 31 19.96
7. Birth date of deceased (mo., day, yr.) April 20 - 1885	
8. AGE: Years   Months   Days   It less than one day	Immediate cause of death DURATION 3/3/46
60 //min	
9. Birthplace Led y als burg. M.d.	Due to
(Town, county, and solve)	Trupertension 5 yrs
10. Usual occupation Itouse wife.	Due to
11. Industry or business	Chr. hees. Myocarditis 21/2 yr
	Althor conditions
12. Name	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name	
S 45 Bishalas	Major findings of operations.
1/ ./ / 1/ 20 / 1/1.0/ (-	— Date of op.
16. Informant Hospital Records-Wash. Sa	Autopsy results
Address Takoma Park Mdn	
3/2/146	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?)  Oale thereof (month) (day) (year)	Accident, suicide, or homicide
	Where did injury occur?
Cemetery or crematory	
Location	Injured at home, farm, industry, public place (where?)
The & A Ames Co.	Means of Injury   Injured at work?
18. Funeral director.	
Address 40/-14 20 1 1894	23. SIGNATURE Forward & Trune
HAM 31 16 HATTER NEWS	23. SIGNATURE M. D. or other
19. (Date rec'd by registrar) Registra	Address 28 Carroll ave Date signed 13446

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15



3/3/1/2

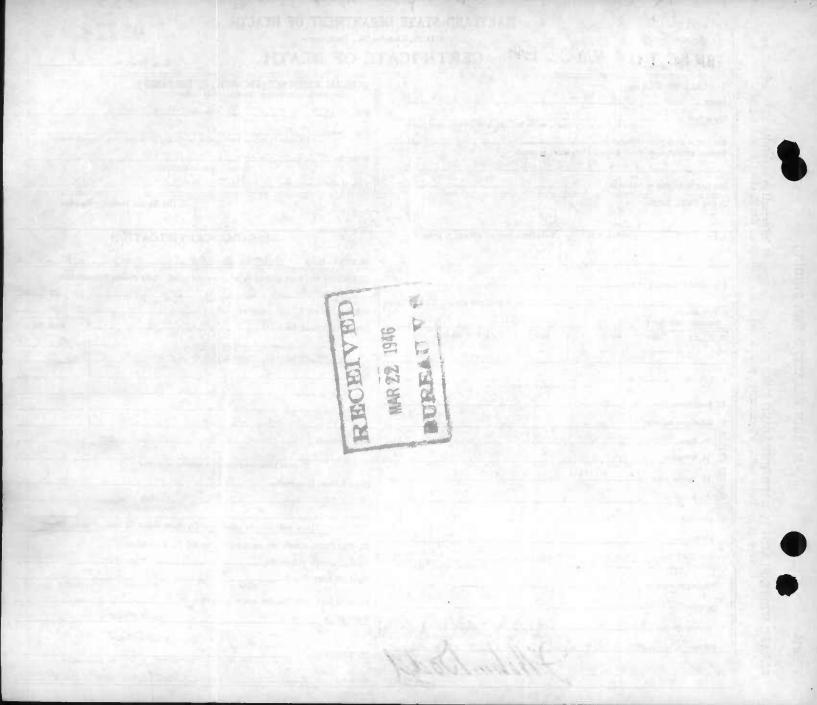
	Evi	dence	for	change	of	age	MARYLAND	STATE	DEPARTMENT	OF	HEALTH
II	of	deces	sed 1	s shown	027			2411 N. CI	narles St., Baltimor	0 (94	à

FILM No. I O 4 MAY 31 1946 CERTIFIC

CERTIFICATE OF DEATH

02774

1. PLACE OF DEATH:  Courty MONTH OF DECLASED:  Covery MONTH OF DECLASED:  C				
State MAY LAND Country Months (Translate stry or tworn limits, write RURAL and give nacreat town)  Bow long in above place of seath?  Browling in several seath secured:  \$2.0 FUHL NAME    Control of the seath secured in the seath secured on the seath seath secured on the seath secured on the seath secured on the seath secured on the seath sea	-,	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn Infants give residence of mother)		
General cetter of cetter o				
Sirved No. 32.0 ETHAN ALLEN AVE   Sirved No. 32.0 ETHAN ALLEN AVE   Cit roral, give LOCATION	(If outside city or town limits, write RURAL and give nearest town)			
Street No. 5. Color in heapfall are institutions.  3. (a) FULL NAME  3. (b) Social Security Number  Rev log in heapfall are institutions.  C 2 4 7.  4. Set				
Row long in hospital or less thoughts of the state of t				
3. (a) FULL NAME  Reset of racey  8. (a) Single, marries, wishood, or divorced  MALE  NATE  SINGLE  A. See  S. (c) Single, marries, wishood, or divorced  MEDICAL CERTIFICATION  20. DATE OF DEATH  18. Y. 18				
4. Sec S. Celer or racy S. S. Celer or racy S. Celer or racy S. Celer or racy S. Celer or r				
MALE WHITE SINGLE  8.(0) Hame of husband or wife  9. Birth date of deceased (mo, flar, rr) OCT - 23 - 1901.  9. Birth date of deceased (mo, flar, rr) OCT - 23 - 1901.  9. Birthplace DALTIFORE MO (Town. county, and state)  10. Busal accupition. CATHOLIC PRIEST.  11. Industry or business  12. Hame ACTHOLY CAYA GALD  13. Birthplace POLANO  14. Malden name MERSHICH LAMENSKI.  Major fladings of operations.  Major f	Rev. John CZ	4.7.		
8. (6) Name of husband or wife.  7. Birth date of deceased (mo, day, yr.) OCT - 23 - 1901.  8. AGE: Vears Months Days If less than one day  4. The Try or Benefits Days If less than one day  9. Birthplace. BALTIMORE MODERATION  10. Gual occupation. CATHOLIC PRIEST.  11. Industry or business  12. Hame ACTHOLY CAY A  13. Birthplace POLAND  14. Maiden name. MERSHICH LAMENSKI.  Major findings of operations.  17. TARKSPORTATION TOWN TOWN (moderated mathetically).  Major findings of operations.  Major		MEDICAL CERTIFICATION		
8.(b) Bame of husband or wife.  1. Birth date of deceased (ron, day, yr.) OCT - 25 - 1901.  8. AGE: Years Months Days If less than one day  4.4 The Deceased (ron, day, yr.) OCT - 25 - 1901.  8. Birthplace Deliting Company of the date above stated; thal I attended deceased from 18. Immediate cause of death.  10. Usual occupation. CRITHOLIC PRIEST.  11. Industry or business  12. Name. ARTHORY  13. Birthplace Polano  14. Maiden name. ARRONICH ARTENSKI.  Major findings of operations.  15. Birthplace Polano  16. Informant Rey. Chester St. Baltimpage. May repair of perations.  16. Informant Rey. Chester St. Baltimpage. May repair of perations.  16. Informant Rey. Chester St. Baltimpage. May repair of perations.  17. Birthplace Polano  18. Informant Rey. Chester St. Baltimpage. May repair of perations.  18. Chester St. Baltimpage. May repair of perations.  19. Informant Rey. Chester St. Baltimpage. May repair of perations.  19. Informant Rey. Chester St. Baltimpage. May repair of perations.  19. Informant Rey. Chester St. Baltimpage. May repair of perations.  20. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide.  21. IOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide.  22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide.  23. SIGNATURE: May repair finding of the perations.  24. May repair finding of operations.  25. SIGNATURE: May repair finding of the perations.  26. Cheefing the perations of the pe	MALE WHITE SINGLE	20. DATE OF DEATH. Mas 18 4 ( at 3 in P. m		
7. Birth date of deceased (mo. day, yr.) OCT - Z3 - 1901.  8. AGE: Years Months Days If less than one day  44 125 25 hrs. min.  9. Birthplace BALTIFORE DO  10. Usual occupation. CRITHOLIC PRIEST.  11. Industry or business  12. Name. FIRTHOLY CTYT.  13. Birthplace POLBAD  14. Maiden name VERSMICH LAMPENSKI.  15. Birthplace POLBAD  16. Informant REY. CHESTER ST. DALTIFORE Modernia, cremation, or removal, Which; (Bacha, cremation, or removal, Which)  16. Birthplace POLBAD  17. Complete on the first of the following: Accident, suicide, or homicide.  18. Funeral director.  Address Signey Robert Roll of the following: Accident, suicide, or homicide.  Address Signey Robert Roll of the following: Accident, suicide, or homicide.  18. Funeral director.  Address Signey Robert Roll of the following: Accident, suicide, or homicide.  18. Funeral director.  Address Signey Robert Roll of the following: Accident, suicide, or homicide.  18. Funeral director.  18. Funeral director.  18. Funeral director.  19. Signature Roll of the following: Accident, suicide, or homicide.  18. Funeral director.  18. Funeral director.  19. Signature Roll of the following: Accident, suicide, or homicide.  19. Signature Roll of the following: Accident, suicide, or homicide.  19. Signature Roll of the following: Accident, suicide, or homicide.  19. Signature Roll of the following: Accident, suicide, or homicide.  19. Signature Roll of the following: Accident, suicide, or homicide.  19. Date of the following: Accident, suicide, or homicide.  19. Signature Roll of the following: Accident, suicide, or homicide.  19. Date of the following: Accident, suicide, or homicide.  19. Do or other Roll of the following: Accident, suicide, or homicide.  20. VIOLENCE If dealth was due to external causes, fill in the following: Accident, suicide, or homicide.  21. VIOLENCE If dealth was due to external causes, fill in the following: Accident, suicide, or homicide.  22. VIOLENCE If dealth was due to external causes, fill in the following: Accident, suicide, or homici				
7. Birth false of deceased (mo, day, yr.) OCT - 23 - 1901 (1905)  8. AGE: Years Months Day If less than one day  44 14 5 25		Deb med Gree 18 10 10		
Second (mon, day, yr.)   Oct - 23 - 1901.   Immediate cause of death.   DUBATION	7. Birth date of			
8. AGE: Years Months Days If fees than one day  4. The Second occupation of the second occupation of the second occupation occupation occupation.  9. Birthplace DALTIMORE Due to	A			
9. Birthplace BALTIMORE MO (Town, county, and state) 10. Usual occupation. CATHOLIC PRIEST. 11. Industry or business 12. Name. ALTHOLY CAYA 13. Birthplace POLHAD 14. Maiden name. VERSALCH LAMENSKI. 15. Birthplace POLHAD 16. Informant PEY. CHESTER ST. BALTIMORE MO (Bartal, cromation, or removal, Whileit) (month) (day) (year) (Cemetery or crematory HOLLY ROSARY Location BALTIMORE MO  18. Funeral director. Catholic Research Management of the property of the pro	O. Aug.	die		
10. Usual occupation. CATHOLIC PRIEST.  11. Industry or business  12. Name. FINTHOLY CTYT.  13. Birthplace POLANO  14. Malden name. VERSHICH LAMENSKI.  15. Birthplace POLANO  16. Informant. Rey. Chester St. Baltimore. IMD  17. RASPERTATION TOURISTIC (month) (day) (year)  18. Funeral director. Maltimore. IMD  19. Location. Dale of op. (County) (State)  19. Tends of the conditions.  10. Usual occupation. CATHOLIC PRIEST.  11. Industry or business  12. Name. FINTHOLY CTYT.  13. Birthplace Polano  14. Malden name. VERSHICH LAMENSKI.  15. Birthplace Polano  16. Informant. Rey. Chester St. Baltimore. IMD  17. Tends of the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  18. Funeral director. County (City or town) (County) (State)  19. Injured at homo, farm, Industry, public place (where?)  19. Manual 24. 46.  10. Or other	44 74-5 4 -> 25hrsmln.	Commy occlusion suddely		
10. Usual occupation. CATHOLIC PRIEST.  11. Industry or business  12. Name. FINTHOLY CTYT.  13. Birthplace POLANO  14. Malden name. VERSHICH LAMENSKI.  15. Birthplace POLANO  16. Informant. Rey. Chester St. Baltimore. IMD  17. RASPERTATION TOURISTIC (month) (day) (year)  18. Funeral director. Maltimore. IMD  19. Location. Dale of op. (County) (State)  19. Tends of the conditions.  10. Usual occupation. CATHOLIC PRIEST.  11. Industry or business  12. Name. FINTHOLY CTYT.  13. Birthplace Polano  14. Malden name. VERSHICH LAMENSKI.  15. Birthplace Polano  16. Informant. Rey. Chester St. Baltimore. IMD  17. Tends of the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  18. Funeral director. County (City or town) (County) (State)  19. Injured at homo, farm, Industry, public place (where?)  19. Manual 24. 46.  10. Or other	9. Birthplace BALTIMORE- MD (Town, county, and state)	Due to.		
12. Name. FINTHORY CAYA  13. Birthplace POLAND  14. Major findings of operations.  15. Birthplace POLAND  16. Informant. FEY. CHESTER CAYA  Address HOS SCHESTER ST. BALTIMORE MAY 71 1946. (Barial, cremation, or removal, Which?)  Cemetery or crematory. HOLY ROSARY  Address Signey Spring May 1946.  18. Funeral director. May 1946.  Address Signey Spring May 1946.  Major findings of operations.  (Include pregnancy within 5 months of death)  Major findings of operations.  Major findings of operations.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If dealh was due to external causes, fill in the following:  Accident, suicide, or homicide.  Dale of Where did Injury occur? (City or town) (County) (State)  Injured at homo, farm, Industry, public place (where?)  Means of injury  Injured at work?  13. SIGMATURE.  M. D. or other				
12. Name_AATHORY CAYA  13. Biribplace Poland  14. Maiden name VERONICH LAMENSKI  15. Biribplace Poland  16. Informant Rey Chester St. Baltimore Modern Modern Major findings of operations.  16. Informant Rey Chester St. Baltimore Modern Mode		Due to		
14. Malden name VERONICH LAMENSKI.  15. Birthplace POLAND  16. Informant REY. CHESTER CZYZ  Address 408 S CHESTER ST. BALTIMORE Mos. 71 - 1946. (Bretal, cremation, or removal, Which?)  Cemetery or crematory or crematory Moley? (City or town)  Location BALTIMORE Mose Representation of the course				
14. Malden name VERONICH LAMENSKI.  15. Birthplace POLAND  16. Informant REY. CHESTER CZYZ  Address 408 S CHESTER ST. BALTIMORE Mos. 71 - 1946. (Bretal, cremation, or removal, Which?)  Cemetery or crematory or crematory Moley? (City or town)  Location BALTIMORE Mose Representation of the course	12 Name. Day of S			
16. Informant		(Incinde pregnancy within 3 months of death)		
16. Informant	14. Malden name VERONICH LAMENSKI	Major findings of operations		
Address 408 S CHESTER ST. BALTIMORE. Mo.  17 TRANSPORTATION TO DOUBLE bereof. Mo.— 21 - 1926. (Brital, cremation, or removal, Which?) (month) (day) (year)  Cemetery or crematory. Holy Rosary  Location. Baltimore - Mo.  Location. Baltimore - Mo.  Location. Baltimore - Mo.  Address Signary  County (City or town) (County) (State)  Injured at homo, farm, industry, public place (where?)  Means of injury  18. Funeral director. Manual States of the cause to which death should be charged statistically.  22. VIOLENCE: If dealh was due to external causes, fill in the following:  Accident, suicide, or homicide	No 15. Birthplace POLAND			
Address 408 S CHESTER ST. BALTIMORE. Mo  17 TRANSPORTATION TO DELIN DE thereof May 21 - 1926.  (Brital, cremation, or removal, Which?) (month) (day) (year)  Cemetery or crematory. Holy Rosary  Location. BALTIMORE - Mo  Location. BALTIMORE - Mo  Means of injury occur?  Means of injury  Injured at work?  22. VIOLENCE: If dealh was due to external causes, fill in the following:  Accident, suicide, or homicide	16. Informant REY CHESTER CZYZ			
22. VIOLENCE: If dealh was due to external causes, fill in the following:    17 Tagas Sertation & Tourish Dale thereof   Mar	Address 408 S CHESTER ST. BALTIMORE MO			
Cemetery or crematory. Holy Rosary  Location Baltimore - Mo  Means of injury Injured at work?  23. Signature - Mo  M. D. or other		22. VIOLENCE: If death was due to external causes, fill in the following;		
Location BALTIMORE - MO Injured at homo, farm, industry, public place (where?)  18. Funeral director Spring Maxiband  Address Signery Spring Maxiband  23. Signature M. D. or other				
18. Funeral director	Cemelery or crematory. Holy ROSARY	Where did injury occur?		
18. Funeral director	Location BALTIMORE - MO			
Address Silver Spring & Mary Cond 23. SIGNATURE Track & Scorchack M.D. or other				
M. D. or other		Thenk & / Sworthack M.D.		
" MAINE TO " 40 TTI WIN I INCHAIN	a lottellar Plant	23. SIGNATURE		
	19. Marsh TV 19 TV White Value (Date rec'd by registrar)			



# PLEASEOWRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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### MARYLAND STATE DEPARTMENT OF HEALTH

### 2411 N. Charles St., Baltimore (B) CERTIFICATE OF DEATH

Reg. Dist. No. ...

City or fown(If out How long In above place of Hospital, institution, or st US Naval Ho	Hontgo Beth side city or town I death? 2 mo reet address where espital, stitution? 2	esda (1 mits, write R ns, 22 death occurred Betheso mons, 2	ural) days days  a, Md. 2 days  Mary Phelps	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)  State			
4. Sex	5, Color or race	6.(a) Single	, married, widowed, or divorced	MEDICAL CERTIFICATION			
female	W-US		married	20. DATE OF DEATH. 5 March 19 46 at 3:30P.m			
6.(b) Name of husband or	wife Ralp	h F. De	Simone	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from			
			) If alive, give ageyears	Dec. 13 19 15 10 5 Larch 19 16			
7. Birth date of deceased (mo., day, yr.)	17 Ma	y 1922	4	and that I last saw her alive on 5 March 19 146			
8. AGE: Years 23	Months 9	Days 18	If less than one day	Immediate cause of death			
1D. Usual occupation  11. Industry or business  12. Name	housewif orge P. P Washingt	helps		Dither conditions  (Include pregnancy within 8 months of death)  Major findings of operations  Date of op.			
Address 124 Gr burial (Burlal, eremation, o	removal Which	Takona Date there ton Nat	Park, Maryland of 3-9-16 (month) (day) (year)				
18. Funeral director	amer E. Georgia	Avenue	ey R.W. Gran Silver Springs Chalotte Smith Registra	23. SIGNATURE M. D. or other 3-5-110			

MAR 20 1946 BUREAU V.B.

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# MARYLAND STATE DEPARTMENT OF HEALTH

### CERTIFICATE OF DEATH 2411 N. Charles St., Baltimore

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Reg. Diat. No.

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	and month
City or town. (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	(If ontside sty or town limits, write RURAL and give nearest town)
Hospifal, Institution, or street address where death occurred:	Street No. 2- F. D. ##
	(If rnral, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Daiser Estelle De	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
A. To married	20. DATE OF DEATH March 16 1946 216 35 PM
6,(6) Name of husband or wife Charles of Develves	21. I CERTIFY that geath occurred on the date above stated; that I attended deceased from
	4 Televiany 18 46, to 19 March 18 46.
7. Birth date of deceased (mo., day, yr.)	and that I last saw h &alive on
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death Daulan of augusture DURATION
59 / 5hrsmin.	Palt and purito yelly (46)
ynad s	someword of color
9. Birthplace	Due to
10. Usual occupation Housewife	
\ M./	Due to
KI TIREL TO BE	
12. Name W Marie M	Other conditions.
# Principle and 1	(Include pregnancy within 8 months of death)
14. Malden name	Major findings of operations.
16. Informant Mr. Phanles & Divillies	Autopsy results
Address Bonds Mel.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Tamal 9-19-41	22. VIOLENCE: If death was due to external causee, fill in the following;
(Bnrial, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory M.F. View Cent	Where did injury occur?
Location Goward Co. Mil.	Injured at home, farm, Industry, public place (where?)
18. Funeral director & Harry Well	Means of Injury Injured at work?
Address Dighesielle, Mid.	23. SIGNATURE GROWELLY, U. D.
19. Mary Wary Ward	Hawsouville, Wed. M. D. or other 46

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CONCRETE STEP IN A DESCRIPTION OF THE PRODUCTION OF THE PRODUCTION

V. S. No. 1

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STATE OF	MARYI AN	D-CFRTIF	CATE C	F DE	ATH	0277
JINIL UI	MAN PAR	D OFILIT			1111	0 4 4 4

1. PLACE OF DEATH	T MIAK	ILAND	CERTIFICATE OF BEATH OF	
County MONTGOMER	Y		Registration Dist. No. 719	+
Village or City SILVE 18	BPRING.	(If	No. 79 18 WOODBURY DRIJE St., death occurred in a horpital or institution, give its NAME instead of street and	ward number)
			ds. How long in U.S. iI oI foreign birth?yrsm	osds.
2. FULL NAME E // 4. F.  (a) Residence: No. 7918-		y Drive	St., Ward.  If oonresident give city or town and	State
PERSONAL AND STATIST	CAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX female: 4. COLOR OR RACE white		RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH MARCH 9 (Month) (Day)	., 193 (Year)
5a. II married, widowed, or divorced HUSBAND of (or) WIFE of FRANCIS J.			22. A I HEREBY CERTIFY. That I attended  A Japan 5 1 1945, to March 8	deceased from
6. DATE OF BIRTH (month, day, and year)	CT- 21-1	1875.	I last saw h.C.R. alive on March 8 ,1946	; death is said
7. AGE Years Months	Days	If LESS than	to have occurred on the date stated above, at 6.00 A.m.	
70 4	18	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEPER, etc	MM Hon		Terminal Bronchist Panamie Conquetine New Failure	3/5/46
12. BIRTHPLACE (city or town) Novel S. (State or country)			Other Contributory Camera of Importance:	1936 1041 -
I 13. NAME JAMES KIRBY				
13. NAME JAMES KIRBY 14. BIRTHPLACE (city or town) LLOOP: (State or country)			Name of operation Date of What test confirmed diagnosis? Was there an	
15. MAIDEN NAME MARGARE	T KING		23. If death was due to external causes (VIDL ENCE) fill In also the followin	
15. MAIDEN NAME MARGARE 16. BIRTHPLACE (city or town) MOUR (State or country)	Scotin	A	Accident, suicide, or homicide? Date of injury  Where did injury occur?(Specify city or town, county and Sta	
17. INFORMANT M.R. FRANCIS D (Address) 7918 VLOODDRY I			Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	
18. BURIAL, CREMATION, OR REMOVAL Place FORT LINCOLN CEM.	Date 3 ~ 1	1-16 10	Manner of Injury	
19. UNDERTAKER LO ane E (Address) Elve Epine 20. FILED Melent 10, 19 4 6	Jumphor Jud		Nature of Injury  24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)	M. D.
If more	blanks are needed,	Reflittiffr. address State Registrar,	(Address) [ [ (Lower Line )	J.C.

### UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis 19	3 days ago
		THE PART TR	
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
- Camounico	Mag 1,1000	465700107800	T you
			h

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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# WRITE PLAINLY, WITH TAFADING INK. Supply every item of information carefully. The correct are is especially important. Physicians: please write the causes of death clearly and legibly

PLEASE

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MARGIN RESERVED FOR BINDING

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERT	TELC	A PROPERTY.	OF	DE	TIT
C.P.K	IP IC.	A I P.	OF	IJC.A	1 1 1

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County.	State Marceland County Montgonery
(If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	(If outside city or town limits, write RUVAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. 2. 4.7.3 Penal Branch Collect (If rarei, giyoLOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Thurmandicus	385-22-9202.
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married	20. DATE DE DEATH March 9 1846, 21 6:30 P.
8,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
5.(c) If alive, give ageyears	January 1940 to March 9 1946
T. Birth date of	and that I last saw hand alive on March 9 13.46
deceased (mo., day, yr.) CCA - / D g / GCO .  8. AGE: Years Months Days If less than one day	Immediate cause of death
45 4 19hrsmin.	Coronary li husbonis 2 lun.
9. 8irthplace Sway nee 2 Pushiana	Due to
(Town, county, and state)	
10. Usual occupation. Manufactures Refresentative	Oue to.
11. Industry or business Japan machenary + Duplin ento	
12. Name Malhan Della 13. Birthpiace ? Delivors	Other conditions.
	(Include pregnancy within 3 months of death)
14. Malden name Emma Wavis  15. Birthplace Qualiana	control of the second of the s
15. Birthplace Qualiana	Major findings of operations
16, Informant Mrs Monella Wieces	Autopsy results.
Address 8473 Peney Br. Camto - Selve Spring	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burlai, cremation, or removal, Which?)  (Burlai, cremation, or removal, Which?)  (Burlai, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory Ewaysee. Grant Co.	Where did injury occur?
Location Quediana.	Injured at home, farm, industry, public place (where?)
18. Funeral director Warner & Pumphery-	Means of injury Injured at work?
Address 8434 Ga ave - Silve Spring.	100/11/2 1/200
Allo III SUB E O D	23. SIGNATURE M. D. or other
19. (Date rec'd by'registrar)	Address 943 Boulant 4. Date signed 3/2/46
V	Delves Oping my

RECEIVED JAR 15 1946 BUREAU V. S.

# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

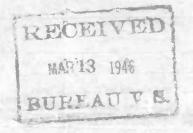
### MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

411	N.	Charles	St	Baltimore
TALL	74.	Cuaries	St.,	Daitimore

(332)

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  Slate	po o
How long in hospital or institution?	(If rural, give LOCATION)  2.(a) If veteran, name war	
3. (a) FULL NAME		=
Robert George Digg	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced 1	MEDICAL CERTIFICATION	
male colonel married -	20, DATE DF DEATH March 6 th - 13.46 at 6 30 0	Б. м
6.(b) Name of husband or wife. Second	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	6
deceased (mo., day, yr.)	and that I last saw halive on	
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death DURATION	4
64 1882 Fels	Turned 1	<b>3</b>
9. Birihplace Bullsoulles Mil. (Town, county, onli state)	Due to La Suffe & Parachitis ( Muse	rsh.
10. Usual occupation	Bue to	
11. Industry or business 7300		
12. Name	Other conditions	
	(luclude pregnancy within 3 months of death)	
14. Maiden name. October 15. Birthplace	Major findings of operations.	
2 15. Birthplace Manlgomen or	Date of op	
18. Informant Sauch Desga	Autopsy results.	
Address Blallavelle and	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
17	Accident, suicide, or homicide	*****
Cemetery or crematory	Where did Injury occur?	
Location Por Cesvilla	Injured at home, 1arm, industry, public place (where?)	*****
18. Funeral director. Clarence H Dans.	Means of Injury Injured at work?	_
Address Poolesvelle Mot	B & While herd.	
(Date rec'd by registrar)	23. SIGNATURE M. D. or other  Address Raylesuille, And, Date signed 3/2/86	



1. PLACE OF DEATH

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:

02780 2/2 Rog. Diat. No. 2/2

County	City or town (If outside city or town limits, write RURAL and give nearest town)  Street No. (If rural, give LOCATION)  2.(a) If veteran, name war.
3. (a) FULL NAME alice M. Dorsey	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or directed	MEDICAL CERTIFICATION  2D. DATE DF DEATH
6.(b) Name of husband or wife	2. I CERTIFY that bear noccurred on the water above states, that I attended decease them.  19
8. AGE: Years Months Days If less than one day 2 2 3 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	Due to
10. Usual occupation	Due to  Dither conditions  (Include pregnancy within 3 months of death)
14. Malden name Netter Jackson 15. Birthplace Bask budge Mif 16. informant Mettle Jackson	Major findings of operations
Address Diskstan Mild Date thereof (Month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Location Gardina Harris Clare A Davis	Where did injury occur?
19. (Date rec'd by registrar)  19. Registrar	23. SIGNATURE M. D. or other  Address Mathematical Mathem

MAR 26 1946 BUREAU V.B.

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Evidence for change of yearMARYLAND STATE DEPARTMENT OF HEALTH of birth of deceased is shown on 2411 N. Charles St., Baltimore

# 02781

FILM	No.	I	0	1	MAR	26	1946

1,8

FILM NO. 1 0 1 WIAR 26 1340 CERTIFICAT	E OF DEATH Reg. Dist. No. 2/2
1. PLACE OF DEATH: county Montgomery	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Gaithersburg, Route 3 (If outside city or town limits, write RURAL and give nearest town)	State District of Columbia
How long in above place of death?	(If ontside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. Street, N.E.
Gaither Rest Home	(If rural, give LOCATION)
How long in hospital or institution? 2 years	2.(a) If veteran, name war NO
3. (a) FULL NAME  MR. NOBLE Control DO ILING	3. (b) Social Security Number 577-20-2100-A
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
Male Nhite Nidowed	2D. DATE OF DEATH. March 7 19 46 at M
6.(b) Hame of husband or wife. Hettie Cox  Deceased  .6.(c) If alive, give age	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) July 15, -1865 1864	and that I last saw h data alive on the same and the same
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death for the first of th
81 8 Unknownhrsmin.	
8. Birthplace. Washington, D. C. (Town, county, and state)  10. Usual occupation. Packer - furniture	Due to Sold to the State State of the State
11. Industry or business	Due to
12 Name Thomas V. Dowling  13. Birthplace Vashington, D.C.	Other conditions
MI Amanda Whitness	(Include pregnancy within 3 months of death)
14. Malden name Washington, D. C.	Major findings of operations.
16. Informant Mrs. Elizabeth Corklin  Address 2821-5th St., NE, Washington, D.C.	Autopsy results
Burial (Burial, cremation, or removal, Which?)  Bate thereof. (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Cemetery or crematory Oak Hill Cemetery	Where did injury occur? (City or town) (Connty) (State)
Location Tashington, D.C.	injured at home, farm, industry, public place (where?)
18. Funeral director II Kenchus June hung	Means of Injury Injured at work?
Address Bethesda, Maryland	and strictly On D
18 March 8 1946 ahred y Cocke (Date ree'd by registrar)	Address Date signed 3.5.

MARYLAND STATE DEFATINGST OF SEALTH

GERTLE CATE OF DEATH

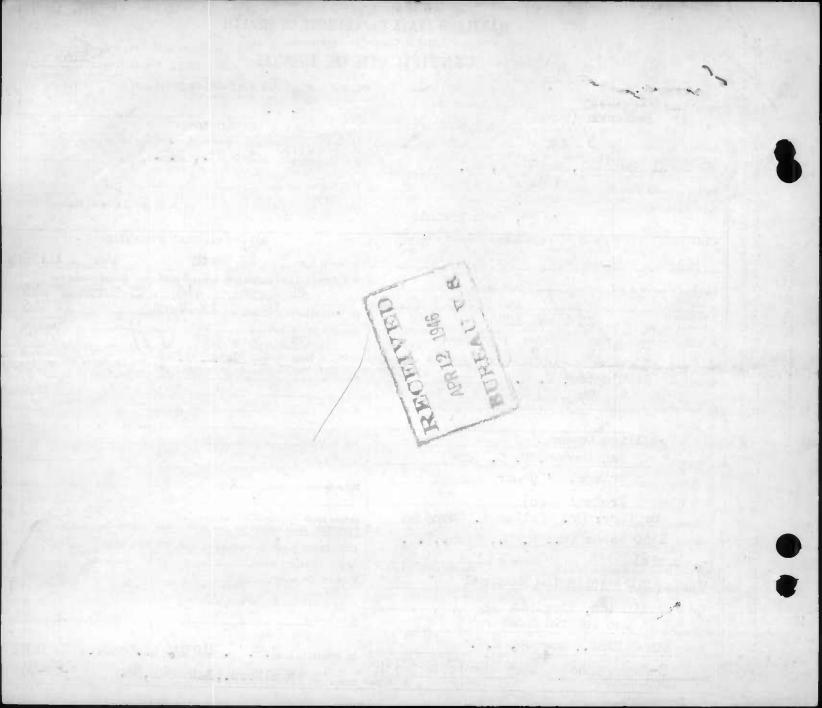
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MAR 13 1946

BUREAU V.S.

### CERTIFICATE OF DEATH

		ATE OF DEATH	Reg. Dist. No. 216		
How long in above place of death?	(rural) town limits, write RURAL and give nearest town) days where death occurred: 1, Bethesda, Md. 3 days	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  Do Co State			
	DOWNS, John Francis  ace   6.(a)Single, married, widowed, or divorced	VEDI	ICAL CERTIFICATION		
4. Sex 5. Color or r			March 1946 11:35		
B, (b) Namo of husband or wife	5 March 1888	years and that I last saw h im alive o	DURAYIO		
8. AGE: Years Months		Meusy	mer ITI 10 de		
10. Usual occupation	ran 🐥	Due to			
H 12. Name William I	ngton, D. C. (dec)	Other conditions			
質 14. Maiden name Bridg	et O'Connor nd (dec)	(Include pregnance) Major findings of operations			
18. Informant brother:	Mr. William A. Downs	I AOM	Cause to which death should be charged statistically.		
burial burial	Bate thereof. (month) (day) (year	Accident, suicide, or homicide			
Cometery or crematory	ington National Virginia meral Home		ty or town) (County) (State)		
Address 4th & Mass	neral Home (N. 2.17), Avenue, N. E.	Means of injury  23. SIGNATURE	Survey LET Comdr. (MC) US		



2411 N. Charles St., Baltimore 1640

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()	6	6	X	1
	100		17	res

### CERTIFICATE OF DEATH

Reg. Dist. No. 216

City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State  County  City or fown.  (If outside city or town limits, write RUBLL and give nearest town)  Street No. 7.0.55  (If rural, give LOCATION)  2.(a) If veteran, name war.
3. (a) FULL NAME Charles E. Eddy	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a)Single, married, widowed or divorced	MEDICAL CERTIFICATION
male white Single	20. DATE DE DEATH March 5 1956 423/5-P. N
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I aftended deceased from
	2 lef med, Eclin Case 19.
7. Birth date of	and that I last saw halive on
deceased (mo., day, yr.)  8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
3/hrsmin.	The state of the s
Market Mit mile	Mitagen by Williams
9. Birihpiace (Town, county, and state)	Due to tone
1D. Usual occupation. None	
	Due fo
11. Industry or business	
12. Name Markan B. Eddy 13. Birthplace New Work	Dther conditions
13. Birthplace	(Include pregnancy within 3 months of death)
14. Maiden name Wilfelment Unrulus	Major findings of operations
15. Birthplace Sermany	Date of op.
18. Informant Dr. Mathalu B. Eddy	Autopsy results
m. ~= 1.) '.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 7055 Welson, Lo. 2/4/4/	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, creptation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide. Describe. Date of 3-5-46
cemetery or crematory Blow Falls Cemetery	Where did injury occur?
new ( a a b )	Injured at home, farm, Industry, public place (where?)
Location Control of the Control of t	Means of Injury Injured at work?
18. Funeral director LT Kellen Jenighne	of of the proschart m.J.
Address 7557 Wis. Cene. Bettesta	Much ; I do
317 11 mm E 10 ml "	23. SIGNATURE M. D. or other
19. (Date ree'd by registrar) Registrar	Address Tarkhughang me Date signed 3 5 46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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BUREAU V.S.

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PLEASE

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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# CERTIFICATE OF DEATH

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6 3	2	A	13	
V	Per	W	0	1

Reg. Dlat. No. 216

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State  County  City or town Catter  (If outside city or town limits, write RURAL and give neurest town)			
Troughter, manually, or street address more death address.	Street No. 10 6 F W - TH ORNA BEST			
How long in hospital or institution?	(If rural, give LOCATION)/ 2.(a) If veteran, name war			
3. (a) FULL NAME E+H=/ MIRIAN	EDE/SFEIN 3. (b) Social Security Number			
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced  FENGLE NHITE   NIDON	MEDICAL CERTIFICATION  20. DATE OF DEATH  MEDICAL CERTIFICATION  25 19 44 21 600 A			
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  March 22 19.46, to March 25.19.46  end that I last saw h. L. alive on March 23 19.46			
8. AGE: Years Months Days If less than one dayhrsmin.	Immediato cause of death DURATION CLEUCHTAL CHECKTONIAGE DURATION			
9. Birthplace (Town, county, and state)  10. Usual occupation Hows to William  11. Industry or business	Due to.			
12. Name SHEA ISAK  13. Birthplace RUSSIA	Other conditions			
14. Malden name PBA PEVA  15. Birthplace RUSSIA	Major fiudings of operations.			
16. Informant MAVER BEDESTEINSTONE  Address 106-1N-THORNA 50/E	Autopsy results			
11	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide			
Commetery or crematory EVERSOVETGRAD	Where did injury occur?			
18. Funeral director B. Danganger 4/100  Address 350/-14th 2/f by W.	Means of Injury Injured at work?			
19. 3/25 1946 MME Johns (Date rect by registrar)	23. SIGNATURE roung & markes 2. Q. M. D. or other  4601 Leland St. 3/25/XC			

ATTRECT OF THE BUTCH STATE OF BANKERS.

MAR 27 1946 BUREAU V.S.

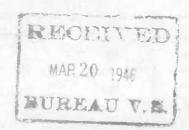
### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 740

## CERTIFICATE OF DEATH

Reg. Dist. No.....

			CERTIFIC	ALE OF DEAL	H	Reg. Dist. No	o
1. PLACE OF DEAT	mery				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town Bet	hesda		URAL and give nearest town)	Stato			
(If out	side city or town l	imits, write R	URAL and give nearest town)	City or townBO	oneville		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
How long in above place of	dealh?	lays		(If outsice	de city or town limits,	write RURAL and gi	ive nearest town)
Hospital, Institution, or s	Mognital	Dotho	: sda, 11d.	Street No	(If rural, give I		
Lavall CO	LOD DT AGT	78 30	vs.		(000000)		1/
How long in hospital or i	nstitulion?		X.R	2.(a) if veleran, name war			
3. (a) FULL NAME	FI	LKINS,	Thomas Edward,	Slc V-6 USNR		3. (b) Social Sec	urity Number
4. Sex	5. Color or race	8.(a)Singi	e, married, widowed, or divorced		MEDICAL CE	RTIFICATION	N
male	W-US		singel	2D, DATE OF DEATH	12 11	arch	16 . 2:10A
mare	W-00		STURET				
E (b) Name of husband of	wife		***************************************	21. I CERTIFY that death of	courred on the date above	e stated; that I attende	ed deceased from
					eu •	40 to	19.40
7. Birth date of			c) If alive, give age	years and that last saw h	alive on	FATCH	19
deceased (mo., day, yr.	2-6	28-27		Immediate cause of death			DURATION
8. AGE: Years	Months	Days	If less than one day	Leukemia.	Acute Myel	loid	
18	0	12	hrs.				
Ver				Due to.	***************************************		
9. Birthplace Ky.	(Town	, county, and	state)				
40 Navel assumption	Naval s	service	***************************************				
	300000301000000000000000000000000000000	.00010000000000000000000000000000000000	000000000000000000000000000000000000000	Due to			
11. Industry or business					000000000000000000000000000000000000000		
# 12. Kame	oses Elk	ins		Dther conditions	**************		***************************************
13. Birthplace		Ку.		(Include			
			2	(Incinde			
		المسلمان التدارا والدور		Major maings of operation			
	Ky.						
18 Informant moth	er: Mrs.	Estell	e Elkins	Autopsy results	autopsy pe	erformed	
Roon	eville, I	ζv.		PHYSICIAN: Please uade	erline the cause to wh	ich death should be cl	harged statistically.
WARIE22	-		0.7037	22. VIOLENCE: If death	was due to external cau	ses, fill in the following	1
17. remo	val	Date the	7-12-16 (month) (day) (year	Accident, suicide, or homic			
(Burial, cremation,	or removal. Which	7)	(month) (day) (year				
Cemetery or cremator	<b></b>						
Location	Boonevi.	lle. Ky		Injured at home, farm, ind	ustry, public place (wh	here?)	• • • • • • • • • • • • • • • • • • • •
LUCATION	Coo		007	Meens of injury		injured at wor	k?
18. Funeral director	Geo. Hell.	126	7.C.J.		James B.	Shulu	
Address 2900	M St., N.	. W.,	ash. D.C.	23. SIGNATURE	Torne D	UIII UP Com	dr. (MC) USM
		Man	ex letter				M. D. or other
19. 3-12	19. 40	Mary	Charlotte Smith	us NH Be	thesda, Md	note.	3-12-46 signed
(Date rec'd by reg	istrar)		Regi	strar   Address	*************************		0.0 11.0 2 11.11



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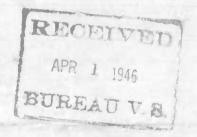
### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /2/

02785

### CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Montgomery	state Maryland county Montgomery
City or town. O Me / Ar / And (If outside city or town limits, write RURAL and give nearest town)	0 111
Now long in above place of death? March 14, 1946 - March 21, 1946	City or town (7a; thersburg RT, #2 (If outside city or town) limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
The Montgomery County General Hospita Tre	(If rural, give LOCATION)
How long In hospital or Institution? March 14, 1946-March 21, 1946	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Harry Robert Flook	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Single	20. DATE OF DEATH. March 21 1946 212:45 P.
O (h) Name of hunband or wife	21. I CERTIFY, that death occurred on the dale above stated; that I attended deceased from
6,(b) Name of husband or wife	3/107 1846 10 March 21 1946
7. Birth date of	and that I fast saw him alive on March 21 1946
deceased (mo., day, yr.) August 5, 1921	Immediate cause of death
8. AGE: Years Months Days If less than one day	Smeril Prilondes 36km
24 7 16hrsmin.	
9. Birthplace Middle Town (Town, county, and state)  Maryland	Due to acute appendicules: 7
10. Usual occupation Dairy Farmer	. Penfortu is abbredied 2 days
11. Industry or business	offenne 5 Roy port their
	Diher conditions alter
12. Name Hiram Flook  13. Birthplace Middle town Maryland	(Include pregnancy within 3 months of death)
	(Include pregnancy within 3 months of death)
	Major findings of operations allege of productions of 157 × 6
\$ 15. Birthplace GIlmore, Maryland	inflamment gradual Date of op. 0/13/ + 0
16. Informant The Comment of the Com	Autopsy results.
Address Vas Tonsville mo	PHYSICIAN: Please underline the cause to which death should be charged statistically.
3-15-11/	22. VIOLENCE: It death was due to external causes, till in the following:
(Burial, cremation, or removal, Whitch?)  Dale thereot. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or cremator Dullusan	Where did injury occur?
Location Middletown rederich Co und	Injured al home, farm, Industry, public place (where?)
18. Funeral director of W Barber	Means of Injury Injured at work?
Address A offersulle and	1 mma 1
262 11/200 1.12	23. SIGNATURE M. D. or other
19. (Date recy by registrar) Registrar	Address James Sp. 100 Date signed 3/2///



# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

### CERTIFICATE OF DEATH

02786 Reg. Dist. No. 212

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town So y	State. County Co
(If outside city or town limits, write RURAL and give nearest town)	City or town. (if outside ity or town limits, write RURAL and give nearest town)
How loog in above place of death?	(If outside ity or town limits, write RURAL and give nearest town)
nospiral, institution, or street autress where upan occurror.	Street No(If rural, give LOCATION)
Now long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Saraha Rosie Ford	Done
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F W married	20. DATE OF DEATH 9.45 at 5.15 C. M
B.(6) Name of husband or wife. 131Chard Ford	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
7. Birth date of 1995 5.(c) If alive, give age	march 13-19.46 10 Murch 14- 19.46
7. Birth date of deceased (mo., day, yr.) 1892	and that I last saw h. 22 alive oo
deceased (mo., day, yr.) / O / o / B. AGE: Years   Months   Days   If less than one day	Immediate cause of death OURATIDA
C C	Country occlusion 2 days.
5 4	
9. Birthplace 777, # A O C / T S O 7 (Town, county, and state)	Bue to Cornay Selvais 275.
10. Usual occupation Aduse vy Ee	Bue to
11. Industry or business	
E 12. Name Pohn Cregg	Other conditions
12. Name 70 777 C7299	
# 14. Maiden nam £/8/e £08 fer	(Include pregnancy within 3 months of death)
	Major findings of operations
15. Birthptace Va	Date of op.
18. Informant Richard Ford	Autoney results
カートロート	PHYSICIAN: Plesse underline the cause to which death should be charged statistically.
Address Boyd, M.F.D, Mg	22. VIOLENCE: If death was due to external causes, fill in the following:
17	Accident, suicide, or homicide
Cemetery or crematory 500/85 /Ract	
	Where did injury occur?
Location L.) / CKETSOTT, /Td	Injured at home, farm, industry, public place (where?)
18. Funeral director William B Hilton	Means of injury lojured at work?
Address Bornesylle, Md	B& white has
21 - 10 00 11:04	23. SIGNATURE B. J. La Lity Land. M. D. or other
19. (Dale rec'd by registrar)  Registrar	Address Parlemble Wd. Bate signed 3/14/46

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MARYLAND	STATE	DEPARTMENT	OF	HEALTH
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# CERTIFICATE OF DEATH

03119

Reg. Dist. No.216

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Montgomery		
City or town	State County Mg. Tag	
How long in above place of death? 1 hour & 15 minutes	City or town (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	(If outside city or town limits, write KUKAL and give hearest town)	
US Haval Hospital, Pethesda, Md.	Sireet No(If rural, give LOCATION)	
How long in hospital or institution? 1 hour & 15 minutes	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
FRAZIER, Jacob		
4. Sex 5. Color or race (6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
male colored married	20. DATE OF OEATH 3 March 19 46 .at 5:45 Pm	
	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from	
S.(b) Name of husband or wife	2 26 2	
7. Birth date of 380].	P	
7. Birth date of deceased (mo., day, yr.)	and that I last saw h Def 2 ment Secret case 19.	
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death DURATION	
o. Adl.	mid- lisi Intestruct	
	obstruction 34 km	
9. Birthplace	Due to Post operatives - gall-thaddon operation, several	
(Town, county, and state)	years agas cutor.	
10, Usual occupation	Due to not due to carrent	
11. Industry or business		
	Other conditions mild Brands - Jaconie / day	
	Graduation (Include pregrancy within 3 months of death)	
14. Malden name. Mary Nolan Md.  15. Birthplace	Major findiugs of operations.	
Md.		
	Date of op.	
16. Informant Wife: Mrs. Jacob Frazier	Autopsy results. Address and the cause to which death should be charged statistically.	
Address Caithersburg, Md.		
	22. VIOLENCE: If death was due to external causes, fill in the following:	
17 burial (Burial, cremation, or removal, Which?)  Oate thereof 2000 (month) (day) (year)	Accident, suicide, or homicide	
	Where did injury occur?	
Cametery or crematory		
Location Gaithersburg, Md.	Injured at home, farm, Industry, public place (where?)	
18 Foneral director W. Ernest Janvis Callage	Meens of injury injured at work?	
	Ja Al. Bronhart M. J.	
Address 1432 U St., N. W. Wash, D. C.	23. SIONATURE M. D. or other	
3-4 Mary Charlotte Smith	M. D. or other	
19. Registrer	Address Faither my Date signed 3-4-46	

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

02787

Reg. Dist. No. 217

ed.	CERTIFICAT	IE OF DEATH Reg. Dist. No.	
information should carefully be supplied of death clearly and legibly.	1. PLACE OF DEATH:  County  City or town Model County  (If outside city or town limits, write RURAL NEAR and give town)  Street address, hospital, or institution:  Stay in hospital or inst. (yrs., or mos., or days)  Stay in this community (yrs., or mos., or days)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State County County Ward No. (If outside city or town limits, write RURAL NEAR and give town)  Street No.  (If rural give LOCATION)  2(a) IF VETERAM, NAME WAR	
ion sho	3. (a) FULL NAME Catherine & Lat	3. (b) Social Security Number	
format death	4. Sex   5. Color or race   6.(a)Single, married, widowed or divorced  Sexuale   Col   Wishows	MEDICAL CERTIFICATION  2D. DATE DF DEATH MARCH 20 1946 817:204	
Every item of write the causes	6 (b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended decessed from  19 4 k., to March 19 4 k.,  and that I last saw h 2 alive on the date above stated: that I attended decessed from  19 4 k., to March 19 4 k.,  Immediate cause of death Care by a last 19 for the DURATION  Chronic March 19 for the DURATION  Output 19 4 k., to March 19 for the DURATION  Output 19 fo	
UNFADING INK Physicians: please	1D. Usual occupation	Due to	
PLAINLY, WITH UNFA especially important. Phy	12. Name Charles Worker Worker 13. Birthplace 2200 Downsell 15. Birthplace	Other conditions / Curfle (Include pregnancy within 3 months of death)  Major findings:  Df operations Please underline the cause to which	
ILY, Vally im	16. informant Lary & Tasther Address Olivery	Of autopsy ONL death should be charged statistically.	
E.S	17. Burial, cremation, or removal. Which?)  Cemetery or remaiory PULL  Date thereof March 23 / 944  (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide  Where did injury occur?  (Cotty or town) (County) (State)	
SE WRITE I	18. Funeral director Deaf W Barker	Injured at home, farm, industry, public place (where?)  Means of Injury  Lajured at work?	
PLEASE	19. 3 + 2 19 46 De Dan Alb. Lawle (Date red by registrar)  Registrar	23. SIGNATURE Mebile Sewell M.D. or other Address Norbeeth Mal. Date signed 20 May 6	

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BUREAU V.S.

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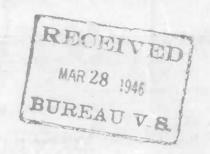
### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

1		02	788 .	2
7	Reg.	Diat.	No.	13

1. PLACE OF DEATH: MONTEOMERY	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
Tana (1)	State Md. County MONTGOMERY
(If outside city or town limits, write RURAL and give nearest town)	City or town (If outside city or town limits, write RURAL and give nearest town)
How long in ebove piace of death? SVEARS Hospital, institution, or street address where death occurred:	
507 CARROLL AVE	Street No. SOT CARROLL AVE.  (If rural, give LOCATION)
How tong in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
	ALD.
4. Sex    5. Color or race   6.(a)Single, married, widowed, or divorced   DivorceD.	MEDICAL CERTIFICATION  20. DATE OF DEATH MARCH 26, 1946, at 9154. M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Lec 3/ 19 15, to March 26 19 45
7. Birth date of deceased (mo., day, yr.) JULY8/858	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION  DURATION  DURATION
9. Birthplace AMDEN VEW JERSEY. (Town, county, and state)	Due to Semalating - 1typi,
10. Usual occupation ATENT FITTORNEY	Due to
11, industry or business ETIRED.	
12. Hame WILLIAM GERALD:  13. Birtholace HALE VVILLE. N. J.	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name CORNELIA STRATTON  15. Sirthpiace NEW JERSEY.	Major findings of operations
1	Date of op.
16. Informan FAMILY TECORD CLARA WITZKE,	Autopsy results. / P. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 507 CARROLLAVE, AKOMA TARK, 112.	22, VIOLENCE: tf death was due to external causes, fill in the following;
(Burial, gremation, or removal, Which?)  Date thereot (mouth) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
location Excitaction, A. Hersey	Injured at home, farm, industry, public place (where?)
18. Funeral director Arthur Dawies.	Meens of Injury Injured at work?
Address St. Garrell St. W. Taken Gark V.Co.	23. SIDNATURE THE STATE OF THE
19. Mill 27.19 & L. J.	Address Silver Spring M. D. or other 1/6



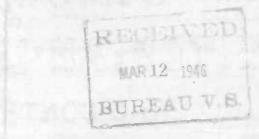
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02789

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:  County MINONI L. Q. YME Y L.  City or town. D. Chasad a transfer Rural and give nearest town)  How long in above place of death? A L. A. L.  Hospital, Institution, or street address where death occurred:  Subly bays. Hospy Bethesda, Mid.,  How long in hospital or institution? A L. L. S.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex   5. Color or race   6-(a) Strayte, married, widewed, or diversed.	MEDICAL CERTIFICATION  2D. DATE OF DEATH. 3-3 19.46 at 11. A.
6.(6) Name of husband or wife Farle P. Gibson  7. Birth date of deceased (mo., day, yr.) Tuye 17, 1888  8. AGE: Years Months Days If less than one day  57 8 13 hrs. min.  9. Birthplace Beverlay, Wass. (Town, county, and state)  10. Usual occupation House Juife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  1946, to 3 1946  and that I last saw h
12. Name JAVVI = F. Cole  13. Birthplace ? VYAIVI =  14. Malden name ANYA Pride  15. Birthplace Beverley, VYASS.  16. Informant Mus. Garle Address +2 Portry At. Kensington Ma	Major findings of operations.  Date of op.  Antopsy results. Ch. of boule indicate should be charged statistically.
17. (Burial, cremation, or reproval which?)  Cemetery or crematory.  Location	*22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide



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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 912

### CERTIFICATE OF DEATH

02790 Reg. Diat. No. 214

County	State Mark Land D County Mark and give nearest town)  Street No. 10.121 Kidross Aue.  (If rural, give LOCATION)  2.(a) If veteran, name war.	
ROBERT LEE GIRTON.	3. (b) Social Security Number	
4. Sex   5. Color or race   6.(g)Single, married, widowed, or divorced MIALE NHITE SINGLE.	MEDICAL CERTIFICATION  20. DATE OF DEATH. MARC. 2 / 1546	
8.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
8. AGE: Years Months Days If less than one day	Immediate cause of death	
9. Birthplace ALEXANDRIA: VA. (Town, county, and stote)  1D. Usual occupation. SCHOOL BOY.  11. Industry or business  12. Name. WALTER W GIRTON.  13. Birthplace WASH-DC.  14. Malden name. DOROTHY TRADIS.	Due to	
14. Malden name DOROTHY TRAVIS.  15. Birthplace RLEXANDRIA: VA.  16. Informant WALTER W GIRTON.	Actopsy results.  PHYSICIAN: Please woderlice the caose to which death shoold be charged statistically.	
Address (012) KINIROSS AUE SILVER SPRING.  Build  (Burlal, cremation, or remodal, Which?)  Cemetery or crematory North Comb Cemetary  Location Nashington NE  18. Funeral director. N. W. Chambers Co  Address 1400-Chypin 57 N.W. Wash. We.  19. La 2 (19.46) Jaephine n phaseffle  (Date rely by registrar)  Registror  Registror	22. VIOLENCE: If dealh was due to external causes, fill in the following:  Accident, suicide, or homicide	

MAR 26 1946
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2411 N. Charles St., Baltimore 46-0 +



# CERTIFICATE OF DEATH

	U	6	6
K	Dan	D:	

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
- U Wash	State County County
City or town(If outside city or town limits, write RURAL and give nearest town)	City or town (If outside city or town limits, write RURAM and give nearest town)
How long in above place of death?	
Maskington Son Hard	Streel No. 17 6.47 C.C.C. (If rural, give LOCATION)
How long in hospital or institution? Il hospital 7 Mas. 6 days	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Ida Aregar (+0/d5mith)	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Famule White Widowed	20. DATE DE DEATH. March 15 1946 21/2:55/20
8.(b) Name of husband or wife & Monuel Goldsmith	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	and that I last saw have alive on March 15 19.46
7. Birth date of deceased (mo., day, yr.) 7 ov 24, 1864	1
8. AGE: Years Months Days if less than one day  8. AGE: Years Months Days if less than one day  8. AGE: Years Months Days if less than one day	Immediate étres of death Conquestive Cardiae Tailure Junuai
4/07 - (4: // -: :	Ma de la
9. Birthplace (Town, county, and state)	Due to
10. Usual occupation House 5 - wife	Carama Dalan 6 mos?
	Due to
11. Industry or business	Dealites Mellitus
12. Name 20 epk Breg er  13. Birthplace Leip Jia, Germany	Other conditions.
	(Include pregnancy within 3 months of death)
14. Maiden name Frankella Weyman 15. Birthplace Baffinere, Ma.	Major findings of operations.
\$ 15. Birthplace balt, were Md.	Date of op.
16. Informant Mrs. Meryl Kronhe.	Autopsy results.
Address 2480 16th st N.W. Weshington	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 27 November 20	22. VIOLENCE: If death was due to external causes, till in the following;
17	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Maskington 20 6.	Injured at home, farm, industry, public place (where?)
Location A D	Means of injury Injured at work?
18. Funerat director. Dannunk for	
Address 3501 - 1404 St 20011	Mohert astare who.
March 15 00 Hotelland	23. SIGNATURE M. D. or other
(Date rec'd by registrar) Registrar	Address / akouca lark Ha Date signed 3/10/46



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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 400



### CERTIFICATE OF DEATH

		No. 223
Reg.	Diat.	No.

	Nog. Distribution
Dunty from Lyonery	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	state MORY 1972 County Manigamer
(If outside city or town limits, write RURAL and give nearest town)	
low long in above place of death? 7 mo. + 10 days	City or town (14 No 1710) Fall (15 outside city or town limits, write RURAL and give nearest town)
lospital, institution, or street address where death occurred:	Street No. 626 CORROLL HU
Washing on SaniTalium - Hospital	. (If rural, give LOCATION)
tow long in hospital or institution? 7 ma. + 10 days	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
MRS. NIGR, e C elestine yra	145
1. Sex 5. Color or race 6.(a) Single, married, widowed, or divorged	MEDICAL CERTIFICATION
Female white separated	20. DATE OF DEATH
5.(6) Name of husband or wife MR. John C. JRaus	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of J. Bir	19 19 19 19 19 19 19 19 19 19 19 19 19 1
7. Birth date of deceased (mo., day, yr.) Tan. 14, 1877	and that I last saw h alive on 19
8. AGE: Years   Months   Days   It less than one day	Immediate cause of death DURATION
69 1 21hrsmir	6 (62)
9. Birthpiace (Town, county, and state)	Due to Due to the top of the
10. Usual occupation PRACTICAL NURSE	- Disk say I
	Due to
11. Industry or business	-
12. Name	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations.
14. Maiden name	1/14 9/1/
16. Informant SanitaRiam Rucords	Date of op.
16. Informant J. Va. 72.1. J. M. As. L. Val T. J. J. S. C. Val T. J.	Autopsy results
Address	22. VIOLENCE: If dealh was due to external causes, till in the tollowing:
17 David Date thereof NARCH 161746	Accident, suicide, or homicide
(Burial, cremation, or removal. Which?)	
Cemetery or crematory	, Where did injury occur?
Location Laga & Total Standard Standard On 1	// Injured at home, farm, Industry, public place (where?)
18. Fuoeral director States I allow	Means of injury Injured at work?
2010 10 11 VIVE CITY	7 111 1 10
Address 34 Oaklas 18	23. SIGNATURE. M. D. or other

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

RECEIVAGE 1946
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1 PLACE OF DEATH

# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 130

2 IISHAL RESIDENCE (HOME) OF DECEASED.

02793

# CERTIFICATE OF DEATH

Reg. Dist. No. 2/3-

County Montgomery			(For newborn	(For newborn infants give residence of mother)			
					State Maryland County Montgomery		
City or town			City or lown	en Road outside city or town	RFD ROL	CLV1 learnest town)	
How long in hospital or				2.(a) If veteran, name	e war Worl	d War I	7/2
3. (a) FULL NAME							I Security Number
		EDWA	RD CUNNINGHAM	HARRISON	JR		0-22-7115
4. Sex	5. Color or race		. married, widowed, or divorced	II II III III III III III III III III		CERTIFICAT	
Male	White		arried				
	111111111111111111111111111111111111111	1		20. OATE OF DEATH	march	19	19.X6 , at 6:00 A M
6.(b) Name of husband	or wifeMr.S	Jean	N. Harrison			te ebove stated; that I	attended deceased from
7 Rirth date of	•••••••	B.(c	) If alive, give age	ars and that last saw h	alive on	caz	<u> </u>
deceased (mo., day, y	July	2, 18	76				
8. AGE: Years	Months	Days	If less than one day				
60	7	17	hrsп	in. acute	Myoca	elet:	
		county, and s	tate)		<u></u>	•••••••	7
10. Usual occupationClerical, book work			***************************************				
11. Industry or business							
12. NameEdward. Cunningham Harrison 13. Birthplace Carterville, Virginia							
EL 14. OHMINIAGO CHI CEL VIII C. VIII			(Inc	elnde pregnancy with	in 8 months of death)		
14. Maiden name Marie I. Harrison  15. Birthplace Virginia			Major findings of op	erations		***************************************	
₹ 15. Birthplace	Virginia					Date	of op
18. Informant Mrs. Jean N. Harrison			Autopsy results			**************************************	
Address Gler	Rd. RF	D. Ro	ckville, Md.				be charged statistically.
17. Burial (Burial, cremation, or removal, Which?)  Oate thereof March 21, 1946 (month) (day) (year)			Accident, suicide, or	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide			
cemetery or crematory Arlington National Cemeter			T Where did injury occ	ur?	(Carr	ity) (State)	
Location Arlington Virginia							
	1000 /1		) 14				at work?
18. Funeral director					20	A o	1 - 2 - 1) -
Address Ro	ckville,	Maryl	and	23 SIGNATURE	ranh 1.1	Broscha	JE MI. ~
19 /20/4 6	ristrar)	phine	D. Harlon Regist	m. 11-	up. your		M. D. or other  Date signed 3-19-46

MARTIAND STATE DEPARTMENT OF MEALTH
ON A CHARLES OF DEATH

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# MARYLAND STATE DEPARTMENT OF HEALTH PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctage is especially important. Physicians: please write the causes of death clearly and legibly. 2411 N. Charles St., Baltimore 940 CERTIFICATE OF DEATH

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Managland county Mantagamera
City or town. (If outside city or town limits, write RULAL and give nearest town)	10.0 - 16. 11
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 7 62 Alva Ppring avs.
762 Silver Afring ass	(If rural, give LOCATION)
Now long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Eva Ida Hayden	
4. Sex 5. Color or race 6.(a)Single, married, widowed, of divorced	MEDICAL CERTIFICATION
Jemale white married	20. DATE OF DEATH. MAA. 23. 19.56.6., at 7:00 A. A.
1 1/ 1 who . I	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8.(b) Name of husband or wite Amazing	/ ch mee of 0 19 to 0
7. Birth date of	ars and that I last saw h
deceased (mo., day, yr.) Mar 11,1866	Immediate cause of death
8. AGE: Years   Months   Days   It less than one day	Ammediate cause of death.
80 0 12hrs	in. Coronary vilusion auddent
9. Birthplace Middle burg - Bla:	Due to.
9. Birthplace. (Town, county, and state)	Jule (C
10. Usual occupation Bousers	Due to
11. Industry or business	
A	Other conditions Haghertention 10 year
12. Name 3. Second 3. Birthplace Fla	HI ()
- 4	(Include pregnancy within 3 months of death)
14. Maiden name Mary January  15. Birthplace  Pla	Major findings of operatious
∑ 15. Birthplace Tla	Date of op
16. Interment Atames 9. Haydur	Autopsy results
Address 762 Film Shing ave Silve Sh	
	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?)  Date thereof. MAR 26-1916 (month) (day) (year)	Accident, suicide, or nomicide
Cemetery of crematory CEOAR HILL	Where did Injury occur?
LOCATION PRINCE GEORGIES CO. MO	Injured at home, farm, industry, public place (where?)
- 0 1	Maans of Injury Injured at work?
To. I billotat director	F. A. Broschart M.D.
Address 8434 Ga ave - Silver Spring. Md.	DO CONSTIDE
10 ma 25 1946 Josephine on Schoopf	M. D. or other
(Date rec'd by registrar)	rar Address But Thenhang Med Date signed 3 - 23 - 46

NAR 28 1946
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(Date rec'd by registrar)

### MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

2411 N. Charles St., Baltimore 13.7

### 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) 1. PLACE OF DEATH: County Montgomery Rethesda (rural) (If outside city or town limits, write RUPAL and give nearest town) Carteret (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... Hospilal, Institution, or street address where death occurred: 296 Randolph Street US Naval Hospital, Bethesda, Md. (If rural, give LOCATION) 2.(a) 11 veteran, name war..... How long in hospital or institution?.... 3. (b) Social Security Number 3. (a) FULL NAME HEFFNER, Rose Marie, Ensign (NC) USNR S.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION 5. Color or race single female W-US 25 March 2D. DATE DE DEATH ..... 21. I CERTIFY that death occurred on the date above stated; that I atlended deceased from Dec. 29 19.45 to 25 March 6.(b) Name of husband or wife..... 25 March Li March 1920 deceased (mo., day, yr.) It less than one day Months Days Years 8. AGE: 26 77 N.J. (Town, county, and state) 10. Usual occupation nurse 11. Industry or business Fred Heffner 12. Kame ... N.J. 13 Birtholace (Include pregnancy within 8 months of death) Mary Sabo 14. Maiden na 15. Birthplace 14. Maiden name... Major findings of operations .... N.J. 16. Intermant Mother: Mrs. Mary E. Heffner PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 296 RandolphSt., Carteret. N.J. 22. VIOLENCE: If death was due to external causes, fill in the following: Date thereof 3-26-416 removal (Burial, cremation, or removal, Which?) Accident, suicide, or homicide..... (month) (day) (year) Cemetery or crematory St. Mary's Cemetery Where did injury occur? ...... (County) (City or town) Perth Amboy, N. Jersey injured at home, farm, industry, public place (where?) ... Injura A work? 18. Funeral director. Geo. W. Wise Means of Injury Address 2900 M St. N. W. Wash M. D. or other

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### nore 93D

# CERTIFICATE OF DEATH

02796

Reg. Dist. No. 714

County	State County County City or town County County City or town (1f outside city or town limits, write RUNAL and give nearest town)  Sireet No. County Co
How long in hospital or institution?	(If rural, give LOCATION)
3.(a) FULL NAME Sarah ann 1	folly 3. (b) Social Security Number
4. Sex 5. Color or race S.(a) Single. married, widowed, or divorced Sergle	MEDICAL CERTIFICATION  20. DATE OF DEATH MARCH 10 19 46 11 870 PM
B.(b) Name of husband or wife	21. I CER7IFY that death occurred on the date above stated; that I attended deceased from  19. 10. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19
8. AGE: Years Months Days If less than one dayhrsmin.	Immediate cause of death DURATION DURATION
9. Birthplace	Oue to Supporteurix Cardeovisalla
11. Industry or business  12. Name William H. Holly  13. Birthplace	Other conditions Market Juneral
# 14. Malden name Sarah Wlealen	(include pregnancy within 3 months of death)  Major findings ol operations.
16. Informant 2002 Marcha R Cartes	Antopsy results
Address J 6 / S + Lower Que  17.   Date thereol.   Date thereol.   County (March 13 14 4 6)  (Burial, cremation, or removni. Which?)	22. VIOLENCE: 11 death was due to external causes, 1111 In the following; Accident, suicide, or homicide
Cometery or crematory Alexander Do	Where did Injury occur? (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)
18. Funeral director. Deal Luneral Home Address 48/2 Sa. we no Weshall	Means of Injury Injured at work?  Arriva L. Marks n. o
19. March 10 1946 fragline Schaeffe (Date rec'd by registrar)	23. SIGNATURE  M. D. or other  Address 4601 Leland Lt. Date signed 3/10/46

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02797



	ATE OF DEATH  Reg. Diat. No
1. PLACE OF DEATH:  County // NONT 60 // FCX  City or town. C HEUX C HASE  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:	State M.D. County MONTGOMER / City or town C. HEU'/ C. HASE (If outside city or town limits, write RURAL and give nearest town) Street No. 59/2 C. EDAR PARK WAY
3. (a) FULL NAME HERBERT C. H.	40 PKINS 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced  MBLE WHITE MARRIED	MEDICAL CERTIFICATION  20. DATE OF DEATH MAY 19.46 at 10
6.(b) Name of herband or wite NELLIE T. HOPICINS  7. Birth date of deceased (mo., day, yr.) JUNE 18 1880  8. AGE: Years Months Days It less than one day hrs. min	Immediate cause of death DUR
9. 8irthplace BROOKLYM N.Y. (Town, county, and state)  10. Usual occupation OR THO DONT'ST	Due to
12. Name HEMRY HOPICIALS  13. Birthplace JERSEY CITY  14. Maiden name CORNING & C	Unclude programmer within 2 months of death)
14. Maiden name CORNINE &	Major findings of operations.  Date of op.
Address 5912 - CEORR PARK WRY  17	PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, till in the tollowing;  Accident, suicide, or homicide
Complete or crematory CEDAR HILL  Location Sulthana, MAD.	Injured at home, tarm, industry, public place (where?)
18. Funeral director Joseph Sawler Sons Address 1756 Pa. ane. n. w.  3/19 4/1 Short & Onland	23. SIGNATURE.  Means of Injury  Injured et work?  M. D. or other
19. (Date fee'd by registrar)	man No. 1 de la Acet

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### MARYLAND STATE DEPARTMENT OF HEALTH

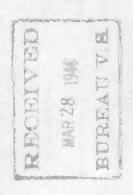
2411 N. Charles St., Baltimore

02798

### CERTIFICATE OF DEATH

	Neg. Dist. No Gamman
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County (ONTGOMERY)	(For newborn infants give residence of mother)  State County ONTGOMERY  State
City or fown. TAKOMA TAKK (If outside city or town limits, write RURAL and give nearest town)	- Milana - L
How long In above place of death?	(If ontside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or streef address where death occurred:	Street No. 604 ERIE AVE.
/ = 1.7	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) tf veteran, name war
mattie May Hocker	3. (b) Social Security Number
4. Sex 5. Color or rase 6.(a) Single Married, widowed, or divorced	MEDICAL CERTIFICATION
T //	20. OATE OF DEATH
8.(b) Name of husband or wife ALBERT J. HOSKIN	21. I CERTIFY that death occurred on the date above sfated; that I attended deceased from
7. Birth date of	Defor 1845 to mar 27 1846
deceased (mo., day, yr.) DEC. 10, 1875	and that I last saw h. R. alive on
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION DURATION
hrsmin.	disease /2 gro
9. Birthplace WOOD BURY COUNTY, lowA.	Due to
10. Usual occupation / JOHSEWIFE	Due to
11. Industry or business OWN HOME.	1/ 1 + 0
12. Name EDWIN FURGASON  13. Birthplace PENNA:	Other conditions Tyluluston SWELL 193K
14. Maiden name LILLIE FIVERMARE  15. Birthplace  N. V.	(Include pregnancy within 3 months of death)
W 15 Birtheless	Major findings of operations
Mi san Tian	Date of op
(a) =: 0 == = = = = M	PHYSICIAN: Please nuderline the cause to which death should be charged statistically.
Address DO4 ERIEHVE., /AKOMA /ARK, // (d.	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burlai, cremation, or removal. Which?)	Accident, suicide, or homicide.
Cemetery or crematory A EDRAE WASH MEMORIAL CEMETERY	
1) BIII MIDE O	Where did injury occur?
Location 1.66.5 Ad., HYATTS VILLE, J. TR. GROS. Co.	Injured at home, farm, industry, public place (where?)
18. Funeral director Andrews Call Const.	Maans of Injury Injured af work?
Address 254 Carroll St., Hofomp Sprk, D. Co	23. SIGNATURE the M. Chidren & Me
19 March 19 46 Registral	Addres Selver Spring had Bate stend 3.27-46.

This Certificate O.K.ed by Dr. Broschart, MedicalExaminer for Montgomery County, Maryland/



# MARYLAND STATE DEPARTMENT OF HEALTH

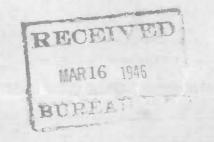
2411 N. Charles St., Baltimore 940

02799

## CERTIFICATE OF DEATH

A	
Name of	0
1.5	
-	

1. PLACE OF DEATH: County Montgonery	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town(If outside city or town limits, write RURAH and give nearest town)	State County City or town (If outside city of town limits, write RURAL and give nearest to	
How long in above place of death? 4/2 Hospital, institution, or street address where death occurred:	(If outside city of town limits, write RURAL and give nearest to	
How long in hospital or institution?	2.(g) If veleran, name war	
3. (a) FULL NAME	3. (b) Social Security Numb	er
4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
	20. DATE OF DEATH NO. 21	
6.(b) Name of husband or wife Late therefore	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19	
7. Birth date of deceased (mo., day, yr.) July 8 1869	and that I (last saw halive on	
8. AGE: Years Months Days If less than one day  77 9 4		DURATIO
Pa	Due to 1	· ar
9. Birthplace		
11. Industry or business Shipfuelder	Due to	*********
12. Name Lytrand Herfman  13. Birthplace Pa	Other conditions	
	(Include pregnancy within 3 months of death)	
14. Maiden name. Is abelle Vorvel  15. Birthplace	Major findings of operations	
16. Informant Cora Duton	Autopsy results PHYSICIAN: Please anderline the cause to which death should be charged statistic	
Address 2023 Lamin St. Silver Stry Mag	22. VIOLENCE: If death was due to external causes, fill in the following:	
17. (Burial, cremation, or removal. Which?)  Date thereof. 3 - 13- 46. (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory	Where did injury occur?	
Location	Injured at nome, tarm, industry, public place (wherer)	
	Thank I. Brosshart M. S.	
Address Delue Showy - wel.	23. SIGNATURE Seuthbert M. D. or oth	



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### MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

The same of the sa	2 MICHAL BEGIDENCE (LIOME) OF DECEASED.
1. PLACE OF DEATH: Monugomery County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Bethesda (rural) (If outside city or town limits, write RURAL and give neare	State D. C. County
(If outside city or town limits, write RURAL and give neare flow long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred: US Navar Hospital, Bethesda, Md.	1912 Kansas Avenue. N. W.
How long in hospital or institution? 21 days	(If rural, give LOCATION)
3. (a) FULL NAME  JOHANSEN, Ferdinand	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or d	Maddid data and a
male   W-US   married	20. DATE OF DEATH. 12 March 18 46 21 7:19
8,(b) Name of husband or wife Mrs. Florence Johanse	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  18 Feb. 19 16, to 11 March 19
7. Birth date of	and that tast saw h im alive on 11 March 18 4
deceased (mo., day, yr.) ADTIL 20, 1011	Immediate cause of death
8. AGE: Years Months Days If less than one day 68 10 15hrs.	conjective Kent forture I sul
9. Birthpiace Denmark	Due to corrory thrombon 3 whe
(Town, county, and state)	
10. OSBAT OCCUPATION	Bue to Etterio Italia
11. Industry or business   12. Name   Ferdinand Johnansen	All
12. Name Ferdinand Johnansen 13. Birthplace Denamrk	
14. Malden name Florence Leon	(Include preguancy within 3 months of death)
14. Malden name Florence Leon  15. Birthplace Porto Rico	Major findings of operations
18. Informant wife: Mrs. Florence Johansen	A-t regulte
Address 4912 Kansas Avenue, N. W., as	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22 VIOLENCE- If death was due to external causes, till in the following;
17 burial Date thereol //-/3-\ (Burial, cremation, or removal, Which?)	
Cemetery or crematory Arlington National	
Location Arlington, Va	Injured at home, farm, industry, public place (where?)
18. Funeral director	a Litom Po
Address 4812 Georgia Aven., N.W., Was	D.C. 23. SIGNATURE C. 11. Thompson, Lt. Comdr. IC USHR
3-11 19 46 Mary Charlo te	M. D. or other
(Date rec'd by registrar)	Registrar Address US N. H. Bethesda, Md. Date signed 3-11-4

MAR 21 1946 BUREAU V 8

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

### 2411 N. Charles St., Baltimore /27-27

02801

Rog. Diat. No. 217

## CERTIFICATE OF DEATH

1. PLACE OF DEATH:	(For newborn infants give residence of mother)		
county Mantgamery			
City or town Oly Mary Ayrd  (If outside city or town limits, write RURAL and give nearest town)	State County Montgomery  City or town Rockyille, Maryland Rt. #3  (If outside city or town limits, writh RURAL and give nearest town)		
How long in above place of death? March 13,1546 Tlarch 16,1946 Hospital, Institution, or street address where death occurred:	(If outside city or town limits, write RURAL and give nearest town)		
The Montgomery County General Hospital, Inc	Street No		
How long In hospital or Institution? March 13, 1946 - March 16, 1946	2.(a) If veleran, name war		
3.(a) FULL NAME	3. (b) Social Security Number		
FLORA JOHNSON			
4. Sax 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female Colored Married	20. BATE DF DEATH March 16 , 19.46 at 10:20Am		
6.(b) Name of husband or wife. John Johnson	21. I CERTIFY that death occurred on the date above stated: that I allended deceased from  March 13 1946 to March 16 1946		
7. Sirih date ot	and that tlast saw her alive on March 16 1946		
deceased (mo., day, yr.) 1900	Immediate cause of death DURATION		
8. AGE: Years   Months   Days   It less than one day	Acute dilatation of		
45hrsmin.	heart. 6 hrs.		
9. Birthplace Mount Zion, Maryland	Due to Acute cholecystitis 3 days		
(lown, county, and atate)			
13. Usual occupation / Laure Reeper	Due to		
11, Industry or business			
12. Name William E. Johnson  13. Birthplace Mount Zion Maryland	Other conditions		
13. Birtsplace Mount Zion Maryland	(Include pregnancy within 3 months of death)		
14. Malden name Eleline Johnson  15. Birthplace Howard County Maryland			
15. Sirthplace Howard County Maryland	Major findings of operations		
	Antopsy results		
Address Olney, Maryland	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Hurial, cremation, or removal. Which?)  Date thereof A. (Month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory MT Zian Cemeling	Where did injury occur?		
Location mit 2 in maryland 5	Injured at home, farm, Industry, public place (where?)		
Pl Xmadle	Means of Injury Injured at work?		
18. Funeral director.	26 a long houses		
Address Pack will, see	23. SIGNATURE MADE M.D. contret		
19. Serbude 3 dawle (Date rec'd by registrar)  Registrar	Address Sandy Spring md. Dale signed		
(Date rec d by registrar) Registrar	H ROUTESSE STATE OF THE STATE O		

APR I 1946 BUREAU V 8

### MARYLAND STATE DEPARTMENT OF HEALTH



02802

	2411 N. Char	les St., Baltimore 750	9
	CERTIFICA	TE OF DEATH Reg. Dist. No. 2	Ĭ6
1. PLACE OF DEATH:  County Montgomery  City or town Betnesda,  (If outside city or town limits,  How long in above place of death? 2 death  Hospital, institution, or street address where death  US Naval Hospital, Bethow long in hospital or institution? 2 death  3. (a) FULL NAME	lays occurred: thesda. Md.	(If outside city or town limite, write RURAL and give net	arest town)
	(a) Single, married, widowed, or divorced  married	MEDICAL CERTIFICATION  20. DATE DF DEATH	. 7.00 P
6.(6) Name of husband or wife Mrs. He 7. Birth dale of 7. Ann	len Johnson	21. I CERTIFY that dealh occurred on the date above stated; that I altended dece	ch 1946
8. AGE: Years Months	Days It less than one day  6min	Immediate cause of death Cerebral Thrompois	DURATION 2 Sou
11. Industry or business		Due to Myportensia  Due to Mariosclaron  Diher condillons Carbon anloyanat  (Include pregnancy within 3 months of death)	2
14. Maiden name unknown 15. Birthplace (d	leceased)	(Include pregnancy within 3 months of death)  Major findings of operations	
Address Oak Terrace, Min	m.	PHYSICIAN: Please underline the cause to which death should be charged  22. VIOLENCE: It death was due to external causes, fill in the tollowing:	statistically.
Cemelery or crematory Arlington  Location Arlington, Va.		Accident, suicide, or homicide	(State)
18. Funeral director. W. W. Chambe  Address 14:00 Chapin St.,  19. 3-15 (Date rec'd by registrar)		CWO-FORT 20	SNR or other 3-15-46

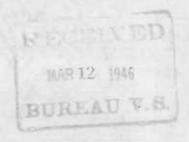
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MAR 27 1946
BUREAU V B

do				
PA.			2/	
	Reg.	Diat.	No	

1. PLACE OF DEATH:/	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
county / for t gomen	ma montamen
City or town (If outside city or town limits, write RURAL and give nearest town)	State County County
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town
Hospital, Institution, or street address where death occurred:	Street No. 102 - Earltin no.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
GLADYS WEIKER	TYONES
4. Sex 5. Color or race S.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F W married	20. DATE OF DEATH March & 1946, 21 4188,
Charles Levis	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8,(b) Name of husband or wife Confidence X	January 1939 to March 8 1946
7. Birth date of S.(c) It alive, give ageyears	and that I last saw h alive on March & 19.46
deceased (mo., day, yr.) May 1 1902	Immediate cause of death
8. AGE: / Years   Months   Days   It less than one day	Cardina Deletatia 5 ma
7 7 73/  hrsmin.	•
9. 8irtholace gettystures la	Due to Courses in Surant 4 years
(Town, county, and state)	meladus to Bons & Lines
10. Usual occupation. Atomse Morfe	Due to
11. Industry or business	
12. Name Urban Werkent 13. Birthplace Jettipsburg Pa	Dither conditions
13. Birthplace getting burg Pa	
	(Include pregnancy within 3 months of death)
1 B 1 PC1	Major findings of operations.
≥ 15. Birthplace deligation of	Date of op.
16. Intermant Males a forces	Autopsy results
Address 102 - Earlton pla	22. VIOLENCE: If death was due to external causes, till in the tollowing;
17 Bureal Date thereof Man 11 46	
(Burial, eremation, or removal, Which?) (month) (day) (year)	Accident, estate, or manufacture and a second a second and a second an
Cemetery or crematory	Where did Injury occur?
Location Homen June 200 Md	Injured at home, farm, Industry, public place (where?)
Hold of the	Means of injury injured at work?
18. Funeral director	1, 2011 1
Address 3901-)4 % 31 100	23. SIGNATURE WESWArdsop ml.
19 3/8/ 19 46 Am Exclus	M. D. or other
(Date rec'd by registrar) Regist	Address 943 Douglast H. Date signed 701.96
	- Agrana -

correct age



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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore &

# CERTIFICATE OF DEATH

02804 Reg. Dist. No. 223

County Montgomery  City or town Takom a Park  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 20 acrys  Hospital, Institution, or street address where death occurred:  Washington Sanitarium + Hospital	City or town Was Aington  (If outside city or town limits, write RURAL and give nearest town)  Street No. 902 Aspen St.  (If rural, give LOCATION)
How long in hospital or institution? 20 da.y.s.	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mrs. Eva x. Judge  4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	
	MEDICAL CERTIFICATION
Female white married	20. DATE DE DEATH March 10 19.46 at 5:10 P.
6.(6) Name of husband or wife Albert F. Judge  Onl 21, 1877 6.(c) If alive, give age 71 years  7. Birth flate of deceased (mo., day, yr.)	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19.44 to
8. AGE: Years Months Days If less than one day  68 10 18hrsmin.	Meskinton falue 2 mo
9. Birthplace. Midway Pa (Town, county, and state)  10. Usual occupation. Retived	Due to Due Due to Due t
11. Industry or business MS GONERMENT.  12. Name Moses Ball Montgomery  13. Birthplace Cumberland, Ohio.	Diher conditions of the Condit
14. Maiden name Julia Hunter  15. Birthplace Pa.	(Include pregnancy within 8 months of death)  Major findings of operations
16, Informant Mrs. Boesch - daughter	Autopsy results
Address 11107 Midvale Rd. Kensington, Mc  17 Bu-il Date thereof Mu-12-56  (Burial, cremution, or repoyal, Which?) (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Cemetery of secondary Manuslawa Oneshy tivin	Where did injury occur?
Location Manager Manty V60	Injured at home, farm, Industry, public place (where?)
18. Funeral director  Address Solw Sparny. Friend John Doll  19. March 19. Contarned by registrar Registrar  Registrar	23. SIGNATURE M. D. or other  Address Col 2 Day Day Bate signed 3 Day Day

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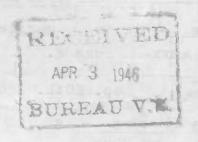
MARIS 1946

BUREAU V.B.

Evidence for the change of MAI	RYLAND STATE DEPARTMENT OF HEALTH
date of birth and age is	2411 N. Charles St., Baltimore 940
FILM No. T O 4 MAY 29 1946	CERTIFICATE OF DEATH

02805	
Reg. Dist. No.	214
Reg Dist No.	y''

1. PLACE OF DEATH: Montgomery	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)		
Ciltron Chring	State Maryland County Montgomery		
City or town. SILVEL SUITING (If outside city or town limits, write RURAL and give nearest town)			
How long In above place of death?	City or town. Rockville, R.F.D #4  (If ontside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred: in ambulance en route to hospital	Street No. Hewitt Ave. Aspen.		
In amoutance en route to nospital	(If rural, give LOCATION)  WORLD # 1		
How long In hospital or Institution?	2.(a) If veteran, name war.		
3. (a) FULL NAME	3. (b) Social Security Number		
When & Kavanax	151-16-8735		
4. Sex 5. 86 or or race 6.50 Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
male white / married	20, DATE OF DEATH MAL. 26 19.54, at 3.540 P.M.		
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
6.(b) Name of his branch wife Irene F.			
7. Birth date of	and that last saw h alive on 19		
deceased (mo., day, yr.) Sep. 20th. 1884 1889	Immediate cause of death DURATION		
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death		
67 56 6 6hrsmin.	Coman acclusion suddel.		
9. Birthplace	Due 10.		
9. Birthpiace			
10. Usual occupation Electrical Contractor	Que to		
11. Industry or business	DUC (V.		
	Bither conditions.		
12. Name William Kavanaghi 13. Birthpiace New York			
	(Include pregnancy within 3 months of death)		
	Major findings of operations		
2 15. 8irthplace Unknown	Date of op.		
16. Informant Mrs. Irene F. Kavanagh	Antopsy results		
Address Rockville R. F. D. 4			
	22. VIOLENCE: If death was due to external causes, fill in the following:		
	Accident, suicide, or homicide		
Cemetery XXXXIV Arlington National	Where did injury occur?		
Location Arlington Co. Virginia	Injured at home, farm, Industry, public place (where?)		
18. Funeral director Warre & Pumphrey.	Meens of Injury Injured at work?		
	1. 1. Broschart MO.		
Address Silver Spring, Maryland.	23. SIGNATURE M. D. or other		
19 Joan 78 19 V6 Joseshine M. Schaeffer	M. D. or other		
(Date rec'd by registrar)	Address Sauther lang pall Date signed 3 26-46		



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grampas area analysis -



### MARYLAND STATE DEPARTMENT OF HEALTH

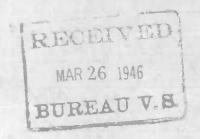
2411 N. Charles St., Baltimore

(131-00)	
131-00	

## CERTIFICATE OF DEATH

02806 Reg. Dist. No. 212

City or town	City or town (If outside city or pwn limits, write RURAL and give nearest town)  Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME FANNIE ELIZABETH LAK	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a) Single, married, wildowed, or divorced   S. Tayle	MEDICAL CERTIFICATION  20. DATE DE DEATH. 9 MARCH 19.46 21 10 49 M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceases from 19.46.  19.46.  and that I iast saw h. C.Calive on 7
8. AGE: Years Months Days If less than one day 2 min.hrs	Immediate cause of death DURATION  Chrough undarretes with 4488.
9. Birthplace	Due to
12. Name VV 11 1 9 Tm /7 L 9 7 7 10 11 13. Birthplace Md	Other conditions Squality
14. Maiden name Mary Hettmer  15. Birthplace Med	(Include pregnancy within 3 months of death)  Major findings of operations
16. Informant MYS Chas. Harner	Autopsy results
Address 3 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	22. VIOLENCE: if death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cemetery or crematory MOTOCACY  Location Bealls VIIIe Md	Where did injury occur?
18. Funeral director 11/1/070 13 17/1000 18. Address Bornesville May	Heans of Injury Injured at work?  Heant Color William W. A.
19. Mer. // 19. 46 Mrs. C. C. Skilton (Date reg'd by registrar)	23. SIGNATURE M. D. or other Address Dawsonville Med Date signed 9 War 46



VS A15

19. (Date rec'd by registrar)

Joanungt	ton of deces	eh her	te of bur241 N. Charlued icpressor	EPARTMENT OF HEALTH les St., Baltimore RD  FE OF DEATH	Reg. Di
City or town How long in abo Hospital, Institu	1 hurban Hos Bethesd (If outside city or town	a Md limits, write I	RURAL and give nearest town)	2. USUAL RESIDENCE (HOM (For newborn infants give reside State	County
3. (a) FULL	NAME				3. (b) Socia
			Isobelle B.	Leesnitzer	
4. Sex	5. Color or race	6.(a)Sing	le, married, widowed, or divorced Single	2D. DATE DF DEATH	L CERTIFICAT
7. Birth date of deceased (me 8. AGE:	o., day, yr.) Feb Years Months 70	24- Days	(e) If alive, give ageyears  1876  If less than one dayhrsmln.	Immediate cause of death	3-1-46 nary than
1D. Usual occu	pation — Cler business — People	Retire	osate) mployed d School Teacher rg Store	6	y O TALL
13. Birthpi	lace Wash. n name Mary Me Wash.	sser D. C	•	(Include pregnancy wi	vone of
Address 17	Hospt Rec	Date the	reof (month) (day) (year)	Autopsy results	to which death should remai causes, fill in the fol

8

Registrar

Reg. Dist. No. 216

State Count	y
	D. C. write RURAL and give nearest town)
Street No. 2063 Park Rd	N. W.
(If rural, give L	OCATION)
2.(a) If veteran, name war	
	3. (b) Social Security Number
Leesnitzer	
MEDICAL CE	RTIFICATION
20. DATE OF DEATH Much	2 = 4,b = a1
21. I CENTIFY hat death occurred the date above	stated; that I attended doceased from
7004-2/= 19 H	b. Jo, Man. 1940
and that I last sow h alive on	19
Immediate cause of death Monary	Manton , DANATION
	4 days
	j.g.
Que to Undo my	Tarkelis
Due to MR sons	
***************************************	
Other conditions	
(Include pregnancy within 3 m	onths of death)
Major findings of operations.	e go forman
***************************************	Date of fp
Autopsy results	ch death should he charged statistically.
22. VIOLENCE: If death was due to external caus	es, fill in the following;
Accident, suicide, or homicide	
Where did injury occur?(City or town)	(County) (State)
Injured of home, farm, industry, public place (who	
Means of Injury	Injured at work?
Who	noulden. Mi
23. SIGNATURE	M. D. or other
Address 340/-do	well Date signed 3-2-4

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# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02808

# CERTIFICATE OF DEATH

4				0/2
-	Reg.	Dist.	No.	2/3.

City or town.  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, Institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For how boro lof ants give residence of mother)  State  County  City or town  (If outside city or town limits, write RUPAL and give nearest town)  Street No.  (If paral, give LOCATION)  2.(a) If veteran, name war.
3. (a) FULL NAME Simile Virginia Forvery	3. (b) Social Security Number
4. Set Simple 5. Color or race 6. (a) Single, married, widowed, or dispreed  8. (b) Namo of bushand or wite glonge for the forces  8. (c) if alive, give age years  1. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Bays If less than one day  1. Birthplace Town, coupt, and state)  10. Usual occupation Simple married, widowed, or dispressed  1. Color or race 6. (a) Single, married, widowed, or dispressed  1. Color or race 6. (a) Single, married, widowed, or dispressed  1. Color or race 6. (a) Single, married, widowed, or dispressed  1. Color or race 6. (a) Single, married, widowed, or dispressed  1. Color or race 6. (a) Single, married, widowed, or dispressed  1. Color or race 6. (a) Single, married, widowed, or dispressed  1. Color or race 6. (a) Single, married, widowed, or dispressed  1. Color or race 6. (b) Single, married, widowed, or dispressed  1. Color or race 6. (c) if alive, give age 7. (c)	MEDICAL CERTIFICATION  20. DATE DF DEATH.  21. I CERTIFY that death occurred on the dato above stated; that reliended decreased from  19.40 to Halle - 16-19.46  and that I fast saw hell alive on Hance - 15-19.46  Immediate cause of death  DURATION  Due to Duration  Due to Du
11. industry or business  12. Name Refly  13. Birthpleco Howard Co, Ma.  14. Maiden name Jourse Dissely  15. Birthplace Ame Arundel Co, Ma.  16. tatormant Clara Jame Everkars  Address Olm Ca, Ma.	Dither conditions   (Toclode pregnancy within 8 months of death)
17. (Burial, cremation, or removal. Which?)  Cemeters or orematory. D. Charles Town Cemeters of Company (day) (year)  Location D. Charles Town Cemeters of Company (day) (year)  18. Funeral disperse Address Company (day) (year)  Address Company (day) (year)  19. Funeral disperse (day) (year)  Address (year) (y	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide

RECEIVED
MAR 20 1948
BUREAU V.S.

2411 N. Charles St., Baftimore

02809

		W.C.	CERTIFICAT	TE OF DEATH Reg. Dist. No. 216		
City or town(it How long in above plan llospital, institution, of US Nava	Bethesda outside city or town li se of dealh? 7. h or street address where al Hospital or Institution?	rura nits, write R cours death occurred Beth	esda, Md.	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newhorn infants give residence of mother)  State		
4. Sex male	5. Color or race		E, Glenn Emmett	MEDICAL CERTIFICATION		
B.(b) Name of husban			singel  i) If allve, give ageyears	22 March 1910 to 22 March 19		
9. BirthplaceII	ors Months 7	Days 1	If less than one dayhrsmin.	Immediate cause of death  Auta aubid himsikage  with rupling into renducle  Due to Augustensein		
10. Usual occupation. retired navy  11. Industry or business  12. Name				Dither conditions		
				PHYSICIAN: Please underline the cause to which death should be charged statistically		
Laporet, Ind.  Location Laporet, Ind.  18. Funeral director. W. W. Chambers B. J. S. Jaguere  Address 1400 Chapin St. N. Wash. J. C. Man Charlotte Smith				Injured at home, farm, industry, public place (where?)		

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

PLEASE A15 VS

APR 3 1946
BUREAU V. &

(Date rec'd by registrar)

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 52 a

## CERTIFICATE OF DEATH

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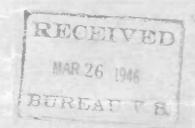
X		CERTIFIC	ALLE OF BEILL	R	teg. Dist. No
1. PLACE OF DE County			2. USUAL RESIDEN	NCE (HOME) OF DECEA	ASED:
County Monte	OMCIV -	***************************************	D.O		
Cliv or town	ethesda (	rural) mits, write RURAL and give nearest town)	State	County	***************************************
(12	outside city or town li	imits, write RURAL and give nearest town)	City or town	Washington side city or town limits, write R	
ow long in above plac	e of death? 26	uay 5			
	er street address where		Street No. 3500	14th St., N. W	A
U.S. Naval	Hospital,	Bethesda, Md.		(If rural, give LOCATI	ON)
How long to hospital	or tastitution?	26 days	2.(a) If veteran, name wa	Nr	
3. (a) FULL NAM				3.66	) Social Security Number
J. (u) I OLL IVA		DER, Eugene Bernard		0.(0)	, 50014. 000411, 1144
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced		MEDICAL CERTIF	ICATION
male	W-US	married		7 March	116 . 770
R (b) Name of husban	d or wife Mrs.	Katherine Magruder		occurred on the date above stated;	fhat I attended deceased from
DIT-> Hamo at mason		e (a) if alive -t	9 Feb.	19	to 7 March 19
7. Birth date of	1		and that I last saw h	a alive on 7 March	13.
deceased (mo., day	.yr.) 4 Ap	ril 1899		.th	
8. AGE: Yes	rs   Months	Days If less than one day	alla ali sono	es la colis septe	cercia &w
	16 17	3hrs.		& andreas di	te
			- Lyguns		right 7m
9. Birfhplace	id.		-Bue ton	was a series	
		county, and state)	عميا	me	L My
10. Usual occupation	Superini	Censelle	Due to	***************************************	
11. Industry or busin	ess Tora o	oustruction		************************************	
		ruder			
12. Name		h.M.M. A	Other conditions	y.	
	Md.		(Inches	le pregnancy within 3 months of	f death)
14 Maidan nam	Martha	Renchall			
14. Maiden nam 15. Birthplace	Pa.			tions	
				- Afrag	Date of op
16. Informant Wi f	e: Mrs. Ka	therine Magruder	Autopsy results 26	me or all	
		N. W., Wash., D.C.	PHYSICIAN: Please un	derline the cause to which deat	a should be charged statistically.
			22. VIOLENCE: If deat	h was due to external causes, fill l	n the following;
11 buris	on, or removal. Which	Date thereof	Accident, suicide, or has	nicide	
(Burisl, cremati					
Cemetery or crem	atory APIANE	ton National	where did injury occurr	(City or town)	(County) (State)
A	rlington,	Va.	Injured at home, farm, le	ndustry, public place (where?)	
		/ / 1 . /	Means of Injury		Injured at work?
18. Funeral director	S. H. HI	NES hy GDH.	Means of Injury	1	^
		4	u	A month	> Maxtol.
Address 470	T THEN DE.	N. W. Jash D.C.	23. SIGNATURE C.	W. THOMPSON	/// U.
3-	8 1946	Mary Charlotte Smith	in		M. D. or other
19. (Date rec'd by	rogistrar)	Reg	distrar Address USNH Be	thesda, Md.	Date signed 3

MAR 20 1946
BUREAU V.S.

## MARYLAND STATE DEPARTMENT OF HEALTH

## 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County // LONTGOMERY	
City or town	State County // COMERY  City or town FAIRLAND LAUREL
How long in above place of death? 52.785	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. R.F.D.
	(If rural, give LOCATION)
Now long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
KATHERINE J. W	rarlow
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F W WIDOWED	20. DATE OF DEATH. 20 9 M
8.(b) Name of husband or wife HOWARD McC MARLOW	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
	9-3-41 1946 to 3-21 1946
7. Birth date of	and that I last saw h alive on 4/2/1 / 6
deceased (mo., day, yr.) SEPT 17, 1861.	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	
84 6 4hrsmin.	4770
9. Birthplace (Town, county, and state),	Due to Carrier Short 6 >-
10. Usual occupation Hausewife	Due to.
11. Industry or business Own Home	VUE 10.
12 Name JOSEPH AGER	Other conditions
	Utner conditions
	(Include pregnancy within 8 months of death)
14. Malden name JANE GRANGER  15. Birthplace  N. Y.	
<b>∆</b> /. <b>∨</b>	Major findings of operations.
21: 5) M	Date of op.
18. Informant //155 FARL //ARLOW	Autopsy results
Address R.F.D. LAUREL, Md. (FAIRLAND, Md)	PHYSICIAN: Please underline the cause to which death should be charged statistically.
0 - 1	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cometery or crematory ST. MARKS EPISCOPAL CHURCH CEM.	Where did injury occur?
Location FAIRLAND, Md.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Trobus Sallers.	Means of Injury Injured at work?
Address 25 Herrsell St. A. H. Tapoma Pink, D. E.	202
	23. SIGNATURE M. D.or other
19. Mar 2 19 / 6 Joseph M. That M. Registrar	13.19-1



## MARYLAND STATE DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH

U2812
Reg. Diat. No. 2/6

	2411 N. Charles S	t., Baltimore 120-d	
40	CERTIFICATE	OF DEATH	Reg. Diat. No. 216
1. PLACE OF DEATH: County City or town. (If outside city or town limits, write RURA How long in above place of death? Hospital institution, or street address where death occurred:	SiL and give nearest town)	ity or town	of DECEASED: of mother) ounty  Nonlgomery lig, write RURAL and live nearest town)  A L L ve LOCATION)
How long in hospital or institution?		.(a) If veteran, name war	
3. (a) FULL NAME Mertrucke	Lee Mars	den	3. (b) Social Security Number
4. Sey  Fensele white  8. (a) Single, mar  8. (b) Name of husband or wite  7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days if  9. Birthplace  (Town, county, and state)  10. Usual occupation  11. Industry or business  12. Name  13. Birthplace  14. Maiden name  15. Birthplace  15. Birthplace	rried, widowed or divorced	MEDICAL (	CERTIFICATION  28 146 at 949
8.(6) Name of husband or wite. Franklin	2	1. I CERTIFY that death occurred on the date a	
7. Birth date of deceased (mo., day, yr.) Feb. 18, 19	010		Hall In Jack
72	f less than one day	Shelist of Sall Hell	C. delateleg 1/2 fails
9. Birthplace	Jaryland D	ue to Tuestolastinis	2 Allays
10. Usual occupation	Di	ie to	
12. Name	Dt	her conditions	
14. Maiden name	lerson M	ajor findings of operations	m.L.
18. interment Mw. Franklin 9.	marden .	ntensy results. 20020	which death should be charged statistically.
Address Bethere Mt.  17. Bureal Date thereof	3/31/46	2. VIOLENCE: If death was due to external c	auses, fill in the following;
(Burial, cremation, or periodal, Which?)  Cemetery or cremetory.	week Cem_ w	here did injury occur?(City or town	) (Connty) (State)
Location Johnson M.		jured at home, farm, industry, public place eans of injury	(where?)
Address 7557 Wis Que. Ge	Thesta Fred	3. SIGNATURE	Finthering Med
19	m 6 Jobes	ddress Kilhurelly	M. D. or other  Date signed Style

MARGIN RESERVED FOR BINDING

HT VI W. TINGETHAN

RECOUNT

APR 3 1946

BUREAU V. S.

VS A15

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-0

02814 Reg. Dist. No. 216

## CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infunts give residence of mother)
County Mongonery	State Manyland County Mondgamery
City or town	100 6 11
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. L. T. O. g. Stannow Deme
austran 10 your	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
jurs- losa mallox	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Formal white undowed	20. DATE OF DEATH. MAS - 10 9 19 46 , 21 9:07 M
- Handle wind	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(6) Name of husband or wife	11/6/45 19 to 3/10/46 19
7. Birth date of	and that I last saw h 22 alive on 3/10/46 19
deceased (mo., day, yr.) Dept-11, 1882	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	Cerebral hemorrhage
63 3 27min.	
9. Birtholace 71. C.	Due to Reportensive
9. Birthplace (Town, county, avaitable)	Mardiovascula disease
10. Usual occupation	Due to
11. Industry or business	
12. Name	Other conditions
13. Birthplace 71. C	(Include pregnuncy within 3 months of death)
14. Maiden name ? Qial	
HUW 14. Malden name	Major findings of operations.
El 15. Birthplace	
16. Informant July Market	Autopsy results
Address Same -	22. VIOLENCE: It death was due to external causes, till in the tollowing;
17 Burial Date thereot 3/13/46	Accident, suicide, or homicide
(Burial, cremation, or penoval Which?) (month) (day) (year)	Mediatri Careta, s. manaza
Cemetery or crematory	Where dld lnjury occur?
Location (CROCOSCA)	Injured at home, farm, industry, public place (where?)
18. Funeral director W Keicken Tumphrey	Meens of injury Injured at work?
arralali a dela Fil I.	(: 1 ma. 1-2
Address / S / Coles ,	23. SIGNATURE
19. 3/13 19.46 Am E Johns Registrar	Address 460/ Leland St. Bate signed 3/11/46
(Date rec'd by registrar) Registrar	Audressk

MAR 15 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The selection in portant. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02813

## CERTIFICATE OF DEATH

Reg. Dist. No. 223

County  City or town  (If ontside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
3. (a) FULL NAME nellott, Julia	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
female white widowed	20. DATE OF DEATH March 12 1946 2100 G. M
6.(b) Name of husband or wife Sound Wesley Mellott  7. Birth date of deceased (mo., day, yr.) May 11, 1886	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jeb 27 19.46 10 march 12 19.46 and that I last saw ham alive on march 11 19.46
8. AGE: Years Months Days If less than one day  59 10 1	Immediate cause of death  Clocked apoplety with
9. Birthplace Woodstock (Town, county, and state)	Due to hypertension
10. Usual occupation housewife and Teacher	Due to
11. Industry or business	
12. Name Samuel Huttell	Other conditions
13. Birthplace Woodstock, V2	
14. Maiden name James Hattle 15. Birthplace 15. Birthplace	(Include pregnancy within 3 months of death)
15. Birthplace Manalatale, VA	Major findings of operations.
16. Informant Mrs. P. Berker (sister)	Antonsy results.
Addres / 637 Droing N. W., Washington De	PHYSICIAN: Please underline the canse to which death should be charged statistically.
B-14-194A	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	(City or town) (County) (State)
Location Manufactory la	Meens of Injury Injured at Work?
Address Washington A.	23 SIGNATURE Sean W. Harding M. D
19. Warsh 2 1945 Affilm NOW. Registrar	Address 1/3 Carrol of Date signed March 12

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MAR 14 1946

BURLAUVA

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



## CERTIFICATE OF DEATH

02815 Reg. Dist. No. 216

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State  County  City or town  If ontside city of town limits, write RUBAL and give nearest town)  Street No. 20.35  (If rural, give LOCATION)  2.(a) If veleran, name war
3. (a) FULL NAME David Odell mitchell	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH MARCH 3 1946 , at 2:50 P. M.
B.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3/2
7. Birth date of deceased (mo., day, yr.) MARCH 27 19146  8. AGE: Years Months Days If less than one day 1	and thet I last saw h 1/22. alive on 3/3 1946.  Immediate cause of death Tulmonessy Attention DURATION
9. Birthplace Settesda Montagen and states  10. Usual occupation.	Due to.  Due to.
11. Industry or business    12. Name	Dither conditions
14. Maiden name Gleanon Joyce Beatty 15. Birthplace Song Beach California.	(Include pregnancy within 3 months of death)  Major findings ol operations
Address 2035- Rosemoni ave. n. W. Wash. DC.	Autopsy results
17	Accident, suicide, or homicide
Location	Injured at home, farm, Industry, public place (where?)  Means of injury  Injured at work?
Address  Address	23. SIGNATURE HULLIAUME M.D. or other
19. J/3 19. 46 /m 6 Jobes (Date rec'd by registrar)	0/ 0/ 1/1/0

MAR 15 1946
BUREAU V S.

VS A15

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)



## CERTIFICATE OF DEATH

County	City or town
How long in hospital or institution? 2 hours - 40 Min.	2.(a) If veleran, name war
3.(a) FULL NAME Margaret	Murfhy 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Gemale White Single	20. DATE OF DEATH March 22 19.46 at 5.35 PM
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19  21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19  21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19  21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19  21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19  21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19  21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19  21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19  21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19  21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19  21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19  21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19  21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19  21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19  21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19  21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19  21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19  21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19  21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19  21. I CERTIFY that death occurred that I attended deceased from 19  21. I CERTIFY that death occurred that I attended deceased from 19  21. I CERTIFY that death occurred that deceased from 19  21. I CERTIFY that deceased from 19  21. I CERTIFY that deceased fr
8. AGE: Years   Months   Days   If less than one day  hrs	Immediate cause of death (7 most - 3 lb.3 oz)
9. Birthplace Olney - Mont omeny - Manyland  10. Usual occupation.	Bue to
11. Industry or business In fact.  12. Name John B. Muchy  13. Birthplace Cambridge, Massachusetts	Other conditions
# 14. Malden name Awendolyn Flogd	Major fiadings of operations.
15. Birthplace Caneu Spring - Tennessee	Date of op.
14. Malden name. Gwendolyn Flogd  15. Birthplace Caney Spring - Tennessee  16. Informant. Forfiling Records	Antopsy results
Address  17. Burial, cremation, ogremoval, Which?)  Bate thereof warch 13 / 5 / 6 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Cometery or crematory Marys  Location Cockeyelle Bry	Where did Injury occur? (City or town) (Connty) (State)  Injured at home, farm, industry, public place (where?)
18. Funeral director for W Barlin	Means of Injury Injured at work?
Address a 1946 Sexual Branch Registrar Registrar	23. SIGNATURE HAD Find M.D. or other  Address Bate Signed 32 2/46.



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## MARYLAND STATE DEPARTMENT OF HEALTH

## 2411 N. Charles St., Baltimore 42 CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county mont 9 omery	(For newborn infants give residence of mother)
City or town Tanha Cark md.  (If outside city or town limits, write RURAL and give nearest town)	State D.C. county City or town washington
How long in above place of death? 31 days	(If outside city of town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	street No. 1700 B St. n. E.
washing ton Sanitarium and Hospital	(If rural, give LOCATION)
How long in hospital or institution? 31 days	2.(a) if veteran, name war
John H. neetz	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
	MEDICAL CERTIFICATION
male Caux. Married	20. DATE OF DEATH 200 8 19 15 at 10 18 mm
8.(b) Name of husband or wife. Elva neetz	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
/	7.1 2 19 19 10 March 8 18 16
s.(c) If alive, give age 53 years	Me // 284
7. Birth date of	and that I last saw h water alive on March 8 19.46
	Immediate cause of death
0.110	DAAAAAA
66 9 20min.	astopentino Josh 36 km.
9. Birthpiace Philadelphica Penna (Town, county, and state)	Due to
(Town, county, and state)	2 1
10. Usual occupation Painting Contractor	Due torsinone hod of 12 Mo.
11. Industry or business Own Business	Perinsas
Y C	Winer conditions
	(Include pregnancy within 3 months of death)
14. Malden name	1) 2 7 /
<u>5</u>	Major findings of operations.
	Date of op.
16 Informant I Sabella 6. Beall - daughter	Autopsy results. OS of alle
Address 1002 Hope well Ave, Takoma PK. m	PHYSICIAN: Please underline the cause to which death should be charged statistically.
n - ':	22. VIOLENCE: if death was due to external causes, fill in the following:
(Burlal, cremation, or removal, Whyph?)  (Burlal, cremation, or removal, Whyph?)	Accident, suicide, or homicide
1	
Cemetery or crematory Tork wines to come tary	Where did injury occur? (City or town) (County) (State)
Location Washington. DC	injured at home, farm, Industry, public place (where?)
Wille 2	Means of Injury Injured at work?
18. Funeral director J. M. M. Cam Lees Sung.	1211
Address 36/0 - 4 15 7 6 7	Why the Prouse tour hill
March a 111 of Holer horsh	23. SIGNATURE My or other
19. 11/18 14 19 70 // LINE 18 1 VIII	John Adoren Park - Park 3/9/45

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MAR 12 1916

BUREAU V.B

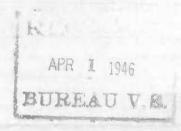
# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

## MARYLAND STATE DEPARTMENT OF HEALTH

## 2411 N. Charles St., Baltimore 1700 CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county Montgomery	(For newborn infants give residence of mother)
City or town Olycey Mary and Oler town limits write BURAL and give nearest town)	State Mary land county Montgomery
(If outside dity or town limits) write RURAL and give nearest town)	City or town
How long in above place of death? March 9, 1946 - March 21, 1946.  Hospital, Institution, or street address where death occurred:	(If outside city or town limits, write KUKAL and give nearest town)
	Street No.
	(If rural, give LOCATION)
How long in hospital or institution? March 9, 1946 - March 21, 1946	2.(d) It veleran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Festus Pelson	
4. Sex   5. Color or race   8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Colored Single	20. DATE DE DEATH March 2/ 19.56 at/0.30 A.M
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
B.(b) Name of husband or wife	
	and that Nest saw h. alive on 19.
7. Birth date of deceased (mo., day, yr.) March 24, 1907	
8. AGE: Years Months Days It less than one day	Immediate code of social
o. Ada.	Salu Clared hemorting
38 11 25min.	124
9. Birthplace	Que to parties of shall go
10. Usual occupation Laborer	Due to Casato myny
11. Industry or business	
E 12 Name Festus Nelson (Deceased)	Diher conditions
12. Name Festus Nelson (Deceased)  13. Birthplace Laylonsville Maryland	
	(Include pregnancy within 3 months of death)
14. Maiden name. Annie Holland  15. Birthplace	Major findings of operations
S 15. Righnlage	Date of op.
16. Informant Toshutal Second	Autopsy results
Address	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Barrol Bate thereof March 24.1946	Accident, suicide, or homicide, Accidentation Date of 3-9-4 6
(Burial, cremation, or penoval, Whippy)  Bate thereof March 24. (9 46. (month) (day) (year)	
Cemetery or cromatory 320 pts / rose	Where did injury occur? (City or town) (County) (State)
a sell and	Injured at home, farm, Industry, public place (where?)
Location	
18. Funeral directors of the Sasker	Means of injury Injured at work?
Address Vallonsville ma	The state of the s
12-12 miller Dude B. Loude	M. D. or other
(Date rec'd by registrar)  Registrar	Address Starther ling my Date signed 3.21-46



MARGIN RESERVED FOR BINDING

VS A15

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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02819

## CERTIFICATE OF DEATH

Reg. Dist. No. 2

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
county Montsomery	0 01/
City or town Oney May Vland (If outside city or town limits, write RURAL and give nearest town)	state Maryland county Catroll
How long in above place of death? March 18,1946 - March 21,1946	City or town MT. Hir V. Mar V. lart C. (11 outside city or town limits, write/RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
The Montgomery County General Hospital Inc.	(If rural, give LOCATION)
How long in hospital or institution? March 18, 1946 - March 21, 1946	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Rosalae Oland	5.(0) 55533
4. Sex 5. Color or race S.(a)Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
Female   White   Married	20. DATE OF DEATH 3/ 2/4 19. 46 11.0:45 A.M
8.(6) Name of husband or wife Charles Specht Oland	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of N	3/9/ 19/6, 10 3/2// 19/9
7. Birth date of deceased (mo., day, yr.) November 3, 1912	and that I last saw her alive on 3/21/
uccessed (mo., day, year)	Immediato cause ol death DURATION
o. Aug.	Ost parlin Homontogy 30mm
33 4 18min.	
9. Birthplace Glenels Howard Maryland	Due to Fell Carsarun Section / Laur
10. Usual occupation. House wife	Bue to
11. industry or business	
12. Name Henry C. Sullivan (Deceased)	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Nettie Mullineux  5 15. Birthplace Ellicott City Maryland	T
Eli, H C.T NY 1-1	Major fiadings of operations Sull Church Meynauca
	Date of op.
16. Informant Marles Shealt Claud	Autopay results
Address Mit Ciry mad	PHYSICIAN: Please underline the cause to which the should be charged statistically.
	22. VIOLENCE: It death was due to external case the tollowing:
(Burlal, cremation, or removal. Which?)  Date thereof March 24/946  (Gar) (day) (year)	Accident, suicide, or homicide
	Where did injury occur? (City or town) (County) (State)
Cemetery or crematory	
Location Pear Duncheme 2000	injured at home, farm, industry, public place (where
18. Funeral director Park 211 Barbar	Meens of Injury Injured at work?
Address Alonnille ma	23, SIGNATURE 3-
18. 2 - 22 - 18 46 So tieb . Lande Registrar	Address 3 Con La So J M. Date signed 3/2// V. C.



9.45

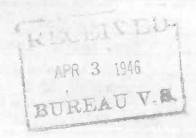
VS A15

Evidence	for	change	of age	MARYLAND STATE DEPARTMENT OF	HEALTH
of deces					84

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216

PILM NO. TI	0 4 400 7	7 10 46	CERTIFICA	TE OF DEATH Reg. Diat. No.
1. PLACE OF DEATH:  County				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
3. (a) FULL NAM	PIC	CHIONE,	Alfred Anthony	3. (0) Social Security Number
Mrs. Lettie Picchione  4. Sex  5. Color or race  M=US  6.(a) Single, married, widowed, or divorced  male  W=US  Mrs. Lettie Picchione				MEDICAL CERTIFICATION  20. DATE OF DEATH  21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 21 March  22. March  23. March  24. Location 19. Locati
7. Birth date of deceased (mo., day, yr.)  8. AGE: Years   Months   Days   If less than one day				ars and that I last saw h im alive on 23 March 18.46  Immediate cause of death DURATION  Respiratory failure and
9. Birthplace R. T. (Town, county, and state)  10. Usual occupation. Veteran  11. Industry or business  12. Namo Angelo Picchione  13. Birthplace Italy (dec)			tate)	Due to
14. Malden name Mary L.  15. Birthplace Italy (dec)  16. Informant Wife: Mrs. Lettie Picchione				Major findings of operations.  Bate of op.  Carebrol hamperbook
Address 1605 Hobart St., N. W., Wash., D.C.  17 burial (Burial, cremation, or removal, Which?)  Cemetery or crematory. CEDAR HILL CEMETERY				PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causea, fill in the following:  Accident, suicide, or homicide
Cemetery or crematory. CEDAR HILL CEMETICRY  Location Washington, D. C.  18. Funeral director. S. H. Harris.  Address Lith St., N. W., Wash, D.C.  3-23 46 Maryocharlotte Smith  19. (Date rec'd by registrar)  Registrar				USNH Rethesda Mo



THE COMMERCE OF

PLEASE

MARGIN RESERVED FOR BINDING

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg.	Diat.	No.	

02821

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County MONGOMERY	(For newborn infants give residence of mother)
City or town DETHESDA 52/2 Roose VELT (If outside city or town limits, write RURAL and give nearest town)	State MD County MONTGOMERY
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	19 PD. M P . =
441111111111111111111111111111111111111	Street No. A. (If rural, give LOCATION)
Now long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
LHAKLES WE F	IMPER
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
M. W WIDOWED	20. DATE DF DEATH March 26 1946 21 4 a. M
6.(6) Name of husband or wife. ANNIE D. PIMPER	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
144 79 1979	June 19 1845 10 March 26 1946
7. Birth date of	and that I last saw house alive on march 21 1946
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Days If less than one day 2.7hrs.	Coronary occlusion a few munter
9. Birthplace WASHINGTON, D.C.	Due to Atyper lancer Cardio Cascular Reversigan
10. Usual occupation see fresident & Treasures	diser
ID. USUAL OCCUPATION	Due to.
11. Industry or business Selectedy Storage to walk De	
12. Name GFORGE TIMPER  13. Birthplace Vox Sermany.	Dther conditions
14. Malden name Narghthat V. Taleser.	(Include pregnancy within 3 months of death)
14. Maiden name Nargathy J. Tolyner.  15. Birthplace Leargetown, D. Vermen	Major findings of operations
To bringace the state of the Dan Dan	Date of op.
16, Informant DAMES L. FIMPER	Autopsy results.
Address 5 217 ROOSEVELT. BETHESDA.	PHYSICIAN: Please nuderline the cause to which death should be charged statistically.
17	22. VIOLENCE: If death was due to externat causes, fill in the tollowing;
(Burial, cremation, or removal. Which?)  Date thereof. (month) (my) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Hashington CCO	Injured at home, tarm, industry, public place (where?)
18. Funerat director Jacob Lawleys Sons	Means of Injury Injured at work?
Address / Top - Pa Ones Miss	and the man of the man
Audiess / V B - / C C C C C C C C C C C C C C C C C C	23. SIGNATURE USWOLD IVE / WW IVAD
19. 3/27 1846 /m 6 Johns	1835 Sug 14 nul M. D. or other
(Date rec'd by registrar) Registrar	Address Date signed 2 26.46
	mana. N.C.

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APR 3 1946

BUREAU V.B.

MARGIN RESERVED FOR BINDING

VS A15

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 950

# CERTIFICATE OF DEATH

02822

×	Reg. Dist.	No. 216

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
0	State MARYLAND County MONT COMERY	
City or town		
How long in above place of death?	(If ootside city or town timits, write RURAL and give nearest town)	
Mospital, Institution, or street address where death occurred:	Street No. 6703 GLENBROOK RD	
	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war	
DANIEL O POPPLE	7 ON 3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
M W WIDOWED	20. DATE OF DEATH 1946, at 10 pc M	
B.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that battended deceased from	
7. Birth date of	and that I last saw h. Adam alive on	
deceased (mo., day, yr.) 1406 / 1836	Immediate cause of death	
8. AGE: Years   Months   Days   if less than one day	Carlese busufficience / 2/4.	
8 9min.		
9. Birthplace CHANTEROURY CHEO (Town, county, and state)	Due to liv. asteriosclerono 5 ms	
10. Usual occupation SALES MANAGER	Due to	
11. Industry or business		
12. Name DYTNIEL TOPPHETON  13. Birthplace VERMONT	Other conditions	
13. Birthplace VERMONT		
14. Malden name. LNTNOWN	(Include pregnancy within 3 months of death)	
LO	Major findings of operations	
16. Informant MILLER J. POPLETON	Autopsy resulta	
Address 6703 ChENBROOK RD.		
(Burial) cremation, or removal. Which?)  (Burial) cremation, or removal. Which?)	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory	Where did injury occur?	
Location VOUNGSTOWN 01410	Injured at home, farm, industry, public place (where?)	
18. Funeral director too Bawlers Sons	Means of Injury Injured at work?	
	EV. / / / / /	
Address 1786 Value 160 Value 20	23. SIGNATURE C. Y. Janessfeed RO	
19. 3-26-46 19. Dobes. (Dato rec'd by registrar)  Registrar	Address Bethely hed Bate signed 3/26/86	

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MAR 27 1946

BUREAU V.B.

2411 N. Charles St., Baltimore 83-2

## CERTIFICATE OF DEATH

	- ()	28	9	3	
ď	U	40	-	2	13.
V	Reg.	Dist.	No.		

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County Montagnery No. 7. 6.	I state Mary Pand county Montagnery
City or town (If outside city or town Anits, write RUEAL and give nearest town)	Man tage me
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Germantown Md M. +. D. 2	Street No
How long In hospital or institution?	2.(a) It veteran, name war. Spanish University (War).
3. (a) FULL NAME	3. (b) Social Security Number
Charles Reevas Rawde	y bush
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male while married.	20. DATE OF DEATH. Mars. 20 18%6 at // ioo A M
8.(b) Name of husband or wife & hoda M.	21. I CERTIFY that death occurred on the date above stated; that I attended decaased from
S.(c) If alive, give age 7/ year	Des med Essen, to,
7. Birth date of	and that I last odw halive on
8. AGE: Years   Months   Days   It less than one day	Immediate cause of death
69min	· Cerebral hemorrhage 2 his
a Ristrica Ollinsia	Due to
9. Birthplace	Suc to
10. Usual occupation & awyar	Due to
11. Industry or business	
12. Name Malton Noway bush	Other conditions
\$13. Birthplace \textice \textites \textites \textites	(Iuclude pregnancy withtu 8 months of death)
14. Maiden name Elizabeth Corley:	Major findings of operations
15. Birthplace Herlick Selentes	
16. Interment Family Record	Antoney results
Address	PHYSICIAN: Please underline the cause to which death should be charged statistically.
12 Buring 1 100 1000 3/23/46	22. VIOLENCE: If death was due to external causes, till in the following;
(Burial, cremation, or removal. Which?)	Accident, suicide, or homicide
Cemetery or cremetory William Comments	Where did injury occur?(City or town) (County) (State)
Location Orlington Va	Injured at home, farm, industry, public place (where?)
18. Funeral director I On Feebers Tumphi	Means of Injury Injured et work?
Address Krockvalle, maryland,	I Truck & Browhall MN.
3/20 111 41/5/20 11 20	23. SIGNATURE M. D. or other
(Date reed by registrar)  (Date reed by registrar)  (Date reed by registrar)	Address Jauthle ling was Date signed 3 - 22.44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The constant is especially important. Physicians: please write the causes of death clearly and legibly.

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# MARTIAN STATE OF HEALTH OF HEALTH



March Street Vot

## 2411 N. Charles St., Baltimore

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			2	16
- TO-0	Digt.	No.		1

## CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Many James J	
City or town. (If outside city or town limits, write RURAL and give nearest town)	State Pounty Pounty
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. 1803 Biltimore St. Tow.
How long to bounded as positivities? I doubt	(If rural, give LOCATION)
now long in nospital of institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mar. ELIEAHETH ROWELL	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Tremale Whili Widowell	20. DATE OF DEATH. 3/28 19 46 at 10 48
B.(b) Name of husband or wife Asanska	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
S(c) If alive, give ageyears	19 76, to 3/38 19 76
7. Strin date of deceased (mo., day, yr.) Lee 30 1568	and that I last saw h
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death DURATION
77 2 26	erwa neugraug
9. Birthplace Andiana	Due to.
(Yown, county, and geate)	Course light actor in along
10. Usual occupation. As well suite	Que to
11. Industry or business /	OVE (V.
= 12 Name Charles Shornas	Other conditions malnutrulion + lucaciation
12. Name Charles Shomas  13. Birthplace Sew Tersers	Agritoricosio
# 14. Maiden name namely Trues	(Inc)ade pregnancy within 3 months of death)
1 1 100 1.	Major findings of operatious.
\$ 15. Birthplace from the mile	Date of op
16. Informant James J. J. Swell	Autopsy results
Address	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Cremation Date thereof Mars 29-46	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, eremation, or removal. Which?)  Oate thereof Man 27-46 (month) (day) (year)	Accident, suicide, or homicide
Commeters or crematory of Landens Colonia Remaining	Where did injury occur?
Location 3201 Badensburg Cd. My	Injured at home, farm, industry, public place (where?)
18. Funeral director The S. H. Stines Wo	Means of Injury Injured at work?
Address 2901 - 14 2h- nw. DC.	It Warks 20. 12.
3/30 111 Mm = 9.1	23. SIGNATURE.  M. D. or other
19. (Date ree'd by registrar)	Address 460/ Teland to Date signed 3/28/46

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The corresponding is especially important. Physicians: please write the causes of death clearly and legibly.

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BURLAU V. R.

2411 N. Charles St., Baltimore

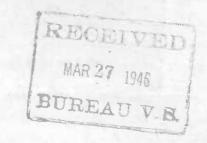
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## CERTIFICATE OF DEATH

X	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County Downson	State Maryland County Moula of Mersel
City or town	
How long in above place of death?	(If outside city or tograllimits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. D - 8 DM Styles
Duliurban Hospital	(If rural, give LOCATION)  2.(a) If veteran, name war
How long in hospital or institution? The layer of the lay	3. (b) Social Security Number
Mrs- Pearl Rayce	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or flyorced	MEDICAL CERTIFICATION
Temple Write Marries	20. DATE OF DEATH 20. 15. 45 V1
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If alive, give age	(Post: Molecule 19 10 3/ 23/ 1946
7. Birth date of	and that I last saw halive on
deceased (mo., day, yr.)  8. AGE: Years / Months   Days   If less than one day	Immediate cause of death. The DURATION 4 des
40   0 (hrsmin.	Parlyte Illeur : 2 days
	S. XI + 1 more la rest
9. Birthplace (Town, county, and state)	Hank Jechle nelt 11 das
10. Usual occupation	Due to Kinney + Sirsa.
11. Industry or business	
12. Name Paul Thierback  13. Birthplace Segmann	Other conditions Trumsle meumouis 3 la
	(include pregrancy within 8 months of death)
14. Maiden name Elmabeth Sturdle	
14. Maiden name Elizabeth Shurdle 15. Birthplace Wash, D.C.	Major findings of operations.  Date of op.
16. Informant. Hesly and	Autopsy results Ange
Address	PHYSICIAN: Please underline the cause to which death should be charged statistically.
0 1 40 10	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?)  Date thereof (month) (def) (year)	Accident, suicide, or homicide
Cemetery or crematory I otomac hapel Cem.	Where did injury occur? (City or town) (County) (State)
Location Potomsca The:	Injured at home, farm, Industry, public place (where?)
111 111. To have been to 2.	Means of Injury Sern Stort Injured at work?
18. Funeral director	1-21) 00 1711. 4
Address 30 12 PM ST. NO.	23. SIGNATURE M. D. of other
19. (Date rec'doy registrar)  (Date rec'doy registrar)  (Date rec'doy registrar)	Address and Sp. m. Data signed 3/23/1/6
(Date to chal teliment)	Walles Address and the control of th

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly MARGIN RESERVED FOR BINDING

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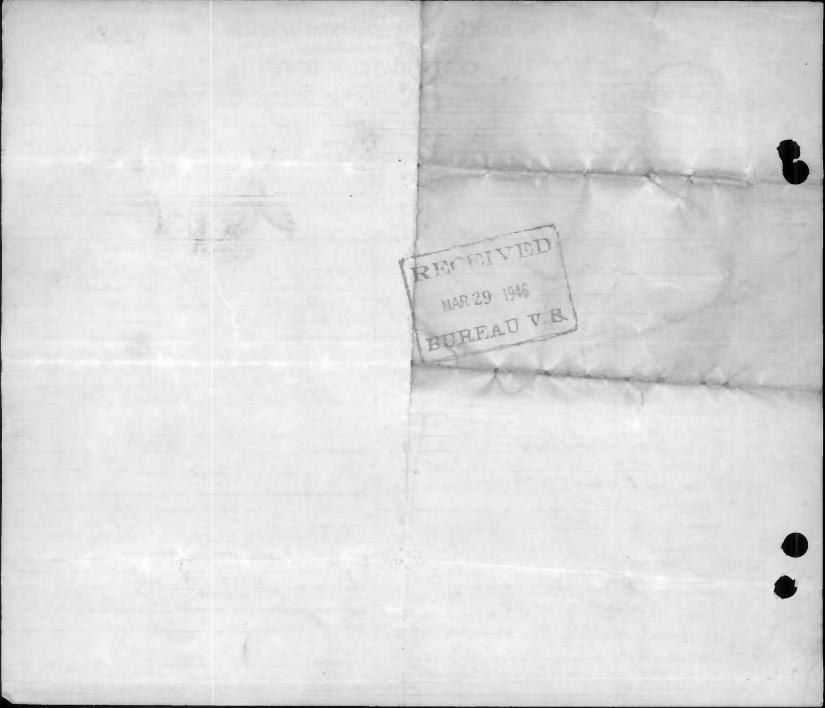
VS A15

## MARYLAND STATE DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH

(12826 Reg. Dist. No. 2/3-

MARYLAND STATE DEPARTMENT OF HEALTH  2411 N. Charles St., Baltimore (25)	
CERT	CIFICATE OF DEATH Reg. Dist. No. 2/3.
City or town	City or town
3.(a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or di	MEDICAL CERTIFICATION  20. DATE OF DEATH.  MEDICAL CERTIFICATION  1946, 21 1:00 A
5.(b) Name of husband or wife	and that I last saw h
16. Informant Brother  Address  17. Pavial Date thereof March	Antopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  21 19 22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?)  Cemetery or crematory  Location  Cocksish  Address  Recently  Compared to the content of the content	Where did injury occur? Palmalle Manty Molecular (City or town) (County) (State)  Injured at home, farm, industry, public place (where?) Injured at work?  Means of injury Limitary Injured at work?
19. 3/27/46 Josephine D. Those (phere ret of by registrar)	23. SIGNATURE M. D. or other  Registrar Address Manual Date signed 2 1 1 - X



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MAR 27 1946

BUREAU V.B.

# MARYLAND STATE DEPARTMENT OF HEALTH

# 2411 N. Charles St., Baltimore 131-2

# CERTIFICATE OF DEATH

county Montgomery City or town Bethesda, (rural)				2. USUAL RESIDENCE (HOME) 01 (For newborn infants give residence of	mother)		
				State Da C. County  Washing ton  (If outside city or town limits, write RURAL and give nearest town)			
Hospital, Institution,	or street address where	death occurred		Street No. 3334 Ames Street			
Naval Hos	pital, Bet	hesda,	Md.	(If rnral, give		1/	
How long In hospital	or institution?			2.(a) If veteran, name war		V	
3. (a) FULL NAM	AE SESS	SIONS,	Clevie (n), M/Sgt.	USMC	3. (b) Social Security	Number	
4. Sex	5. Color or race	6.(a)Singi	e, married, widowed, or divorced	MEDICAL CI	ERTIFICATION		
male	W-US	n	parried	20 DATE DE DESTRU 14 March	10 46	. 8:18 Pm	
			Sionsyears	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 21 Jan 15 46 to 14 March 1846			
7. Birth date of				and that I lead san it.		19/16	
deceased (mo., day 8. AGE: Yea		30, 1897	It less than one day	Immediate cause of death		2 mo	
148		12		W W	~		
9. Birthglace Alabama (Town, county, and state)				Due to Renge Foils	~	Ьто	
10. Usual occupation	4	rine Co	rps	Bue to Artario reptro	uleropis	6 years	
置 12. Name		ssions	(dec)	Other conditions Molegnons	Hypertenna		
			(dec)	(Include pregnancy within 3 months of death)  Major findings of operations.			
2 15. Birthplace	Alabama				Date of op	***********	
Address 3334 Ames St.NW, Washington, D.C.				Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.			
				22. VIOLENCE: If death was due to external car	uses, till in the tollowing;		
17. burial Bate thereot 3-18-16 (Burlal, cremation, or removal, Which?) (month) (day) (year)				Accident, suicide, or homicide	Date ot	************************	
Cemetery or crematory Arlington National				Where did injury occur?(City or town)	(County)	(State)	
Location Arlington, Va.				Injured et home, farm, Industry, public place (w	vhere?)	00 000 01 100 01 100 000 000 000 000 00	
	Geo. W. V			Means of Injury	Injured at work?		
			1/	an Home			
Address 290	JU M Street	, N. W	Wash., D.C.	23. SIGNATURE C. W. THOMPSO	N. Lt.Cdr. (MC	) USNR	
19. (Date rec'd by registrar)  Registrar				US N.H., Bethesda, M	M. D.	OL Offici	



# information carefully. The cof death clearly and legibly the causes every item of write Supply Physicians: please ADING important.

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MARGIN RESERVED FOR BINDING

# MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

2411 N. Charles St., Baltimore 1627

# 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) (If outside city or town limits, write RURAL and give nearest town) How long to above place of death?..... outside city or town limits, write RURAL and give nearest town) Hospitat, institution, or street address where death occurred: (If rural, give LOCATION) How long in hospital or institution?.... 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex MEDICAL CERTIFICATION 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 6.(b) Name of husband or wife 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Days 11. Industry or business 13. Birthplace (Include pregnancy within 8 months of death) 14. Maiden na 15. Birthplace PHYSICIAN: Flease underline the cause to which death should be charged statistically, 22. VIOLENCE: If death was due to external causes, fill in the following: 17. Sukual (Burial, cremation, or removal, Which? Date thereof .... Accident, suicide, or homicide..... Where did Injury occur? ...... (City or town) (County) (State) Injured at home, farm, Industry, public place (where?) ..... Means of Injury Injured at work? 18. Funeral director

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MAR 8 1946

BURLAU V.S.

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



02830

# CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newhorn infants give residence of mother)
County Manager 1	2. 1. 1
City or lown (Loutside city or town limits, write MURAL and give nearest town)	
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death	Street No. 11.3 Wathington Drive
	Street No
H. L. C. basellal as Indillulles?	2.(a) If veteran, name war
How long in hospital or institution?	
ANNIE HOPE	SPENCE R 3. (b) Social Security Number
4. Set 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Fench white widow	20. DATE OF DEATH March 27 1946, at 1225 P.
6.(b) Mame of husband or wife Robert & - Special	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Fib. 11, 19.46, 10, March 27, 19.46
7. Birth dale of	and that I last saw h. Lax alive on March 27 1946
deceased (mo., day, yr.) January 20, 1866	Immediate cause of death
8. AGE: Years Months Days If less than one day	arlevisscleralie heart
80hrs,min.	alexand 3-4m
0. 10 0	the land to be a
9. Birthplace (Town, county, snd state)	Due to well the transfer of th
1D. Usual occupation	
10. Usual occupation.	Due to
11. Industry or business	
12. Name Robert Bissland	Other conditions
12. Name	
	(Include pregnancy within 3 mouths of death)
	Major findings of operations.
15. Birthplace Seatland	Date of op.
16, teformant Mary Hope Specer	Autopsy results.
-1. + O.:	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address (13 Wathington Drew	22. VIOLENCE: If death was due to external causes, fill in the following;
17 Berish Bate thereof Warch 30, 1946	Accident, suicide, or homicide
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, Salvine, of Homores.
Genetery or crematory Fart Lincoln Canaly	Where did injury occur?
Location Maryla &	Injured at home, farm, industry, public place (where?)
1 50 1	Means of Injury Injured at work?
18. Funeral director	
Address 317 Renna, ave. S. E.	23. SIGNATURE PRIVATE M. D. or other
3100 W 50 E00	23. SIGNATURE M. D. or other
19. 3/1/ 1946 1/m 6 Jobes	Advoca 4901 Mars, are NW Mate signed 3-27. 46
(Date rec'd by registrar) Repetrar	Address Wastungton 6 Page signed 3 21 Ty

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APR 3 1946
BUREAU V.B.

# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The consestive sespecially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

# MARYLAND STATE DEPARTMENT OF HEALTH

# 2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH							
	OFDO	CITTOR.	O 1 0	or a	OF	DT 4	CHIEF I
	( PRI		- Δ	14	118	I DH A	<b>W</b>

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Monty mery	State Manyland County Montgomery
City or iown	
How long in above place of death? 27 yrs	City or town
Kneeltal, institution, or street address where death occurred:	Street Ho. 78 Knowles ave
78 Knawles ave-V	(If rnral, give LOCATION)
How long In hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Cenna E. Spirks	
4. Sex 5. Color or race 6.(a)Single/married, widowed, or divorced	MEDICAL CERTIFICATION
Junele white married	2D. DATE DF DEATH. 19.46 at 9.35 A.M
6.(b) Name of husband or wife Edga Shinks	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
6.(c) If alive, give age 75 years	19 19 19 19 19 19
7. Birth date of	and that I last saw halive on
deceased (mo., day, yr.) 3 / 3 / 7	Immediate cause of death
o. Adu.	
66 6 /hrsmin.	Carte Carlina Adulation 12 br
9. Birthplace (Town, county, and state)	Due to
/	
1D. Usual occupation	Due to
11. Industry or business	
# 12. Name Cornelius a Whitheel	Dther conditions
I 13. Birthplace Dodus n. y	(Include pregnancy within 3 months of death)
14. Malden name Mary Casels	
15. Birthplace Arthur n. y	Major fiadiags of operations
2 13. Birmplace	Date of op
16. Informant	Antopsy results
Address 78 Knowles aux. Reusington mak	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Burlal, cremation, or removal, Which?)  (Burlal, cremation, or removal, Which?)  Date thereof MAR 116 1946 (month) (day) (year)	Accident, suicide, or homicide
(Burial, cremation, or removal. Which?) (month) (day) (year)	
Cemetery or crematory GEORGE WASHINGTON MEMORIAL	Where did injury occur? (City or town) (County) (State)
Location RIGGS ROAD - PRINCE GEORGES CO. MO	Injured at home, farm, Industry, public place (where?)
18. Funeral director & Pumphrey	Means of Injury Injured at work?
	Frank J. Browlast M. 2.
Address SILVER SPRING - 170.	23. SIGNATURE M. D. or other
19 Israe 15 18 Justine U That offer	11:10
(Date rec'd by registrar) Registrar	Address Hanthuralus y My Date signed 3 2446



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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# CERTIFICATE OF DEATH

Acres					/
S				2	1/-
100	Reg.	Dist.	No.		

County TYON LOVE COVERY	(For newborn infants give residence of mother)
City or town	City or town LLL 2 Str. VI. Q. L. VI. D. C.  (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 47 m x 3.  Hospital, institution or street address where death occurred:	
a where a wife a war hosp	Street No. / 206 TUYL PEYST, T. L.
How long in hospital or institution? 47 hys.	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
	3. (0) Social Security Number
4.5ex   5. Color or race   6.(a) Simple, many	MEDICAL CERTIFICATION 50
F w Single	20. DATE OF DEATH 3 - 9 19.46 21 12 A M
8,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I atlended deceased from
7. Birth date of	and that I last saw he alive on March 8, 19.46
deceased (mo., day, yr.) YVI avch 2, 1868	
8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION Sary.
78 7hrsmin.	
	Due to.
9. Birthplace LLASM. 77 (Town, county, and state)	220 (2
10. Usual occupation. Management	Due to.
11. Industry or business	
12. Name Chyistiam Sproesser  13. Birthplace Germany	Other conditions Several and arteris -
3. Birthplace Germany	(Include pregnancy within 3 months of desth)
E 14. Maiden name Kathry Willer	
14. Malden name Kathy Hy Miller  15. Birthplace  Gervyany	Major findings of operations.
21 15. BITTIPPIACE	Date of op.
16. Informant	Antopsy results. Late. Y.  PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address	22. VIOLENCE: If death was due to external causes, till in the following;
(Burlal, cremation, or removal, Which?)  (Burlal, cremation, or removal, Which?)	Accident, suicide, or homicide
4	Where did injury occur? (City or town) (County) (State)
Cemetery or crematory	
Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director WW Chan there	Meens of injury injured at work?
Address 14 of the pin it 1111	Are in Bull how
	23. SIGNATURE M. D. or other
18. 3/9 (Date rec'd by registrar)  19. 46  9fm 6 Jobes  Registrar	Address Dilurghing h. Q Date signed 3/9/46

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2411 N. Charles St., Baltimore

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CERTIFICAT	E OF DEATH Reg. Dist. No
1. PLACE OF DEATH:  County MYLOYI LOC MEY H  City or town 13 CHUSS A MAN HAY A and give nearest town)  How long in above place of death? 3 A A S S S S S S S S S S S S S S S S S	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)  State. TWAY LAYL County  City or town. Rock Ville (If outside city or town limits, write RURAL and give nearest town)  Street No. R. (If rural, give LOCATION)  2.(a) If veteran, name war.  3. (b) Social Security Number
4. Sax 5. Color or race S.(a) Single, married, vidamed, or divorced	MEDICAL CERTIFICATION  20. DATE DF DEATH. 3 - 14 19.46
8.(b) Name of husband or wife. Seco. Stirred Coverb  7. Sirth date of deceased (mo., day, yr.) April 1—1885  8. AGE: Years Months Days If less than one day hrs. min.  9. Birthplace. Thous qovered Co. M. and state)  10. Usual occupation. House Life. (Town, county, and state)  11. Industry or business  12. Name. April 20 vivery Co. M. and state)  13. Birthplace Moving over yr Co. M. and state over a state o	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  26. DANUARY 1946, to 37AR. 1946  and that I last saw h. E.R. alive on 3. 7AR. 1946  Immediate cause of death. CEREBRAL THREAT— DURATION  BOSIS  Due to
Address POCK VILLE, MARY LAND.  17. Date thereas 18/46 (Burlal, cremation, or removal, Which?)  Cemetery or crematory  Location  18. Funeral director Change of the Address 36/5/1/ Chestrant Tave  Address 36/5/1/ Chestrant Tave  (Date rec'd by registrar)  Registrar	PHYSICIAN: Please coderline the case to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, euicide, or homicide

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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# CERTIFICATE OF DEATH

APAR Dies No 7/4

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn Infants give residence of mother)
County MONTGOMERY	State MARYLIAND County MONTGOMERY
City or town SILVER SPRING - (If outside city or town limits, write RURAL and give nearest town)	City or town Silver Spring. (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	Street No. 9717 LONG BRANCH PARKWAY
9217 LONG BRANCH PARKWAY	Street No. 7.41. CART. (If rural, give LOCATION)
	2.(a) If veteran, name war. INONE.
How long In hospital or institution?	
3. (a) FULL NAME	3. (b) Social Security Number
3. (a) FULL NAME William Leonard Stor	5
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
MALE WHITE MARRIED	20. DATE OF DEATH. MARKET 22 18.00 A. M
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife. VIRCINIA L.	
	and that I last you he alive on
7. Birth date of	and that I had said series
deceased (mo., day, yr.) OUNE 29 1902.  8. AGE: Years   Months   Days   If less than one day	Immediate cause uf death
o. Aue:	Distriction
400	Coronary acclusion suddenly
9. Birthplace STMARY'S Co-Mo (Town, county, and state)	Due to.
10. Usual occupation GOVERNENT EMPLOYIEE	Due to.
11. Industry or business DEPT OF IRQUICULTURE.	
E 12. Name EDWARD STONE	Other conditions
13. Birthplace Mio.	(Include pregnancy within 3 months of death)
14. Maiden name SARAH F PEGG.	Major findings of operations
≥ 15. 8\rihplace \rightarrow\o	Date of op.
18. Informant MRS VIRGINIA. L. STONE	Antopsy results
Address 9217 Long BRANCH PRIWAY	PHYSICIAN: Please nuderline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following;
17 Durial, eremation, or removal. Which?)  (Burial, eremation, or removal. Which?)  (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Fort Runcoln.	Where did injury occur?
	Injured at home, farm, industry, public place (where?)
Location Crunce Georges Co.	
18. Funeral director Warra & Sumphry.	Means of Injury Injured at work?
Address 8431 GA. AVE SILVER SPRING. MO.	23. SIGNATURE J. Broschart M. J.
19 mar 23 19 46 Josephine in Achaeffe	, - 41.
(Date rec'd by registrar)	Address Laither Com pul Date signed 3 22 76

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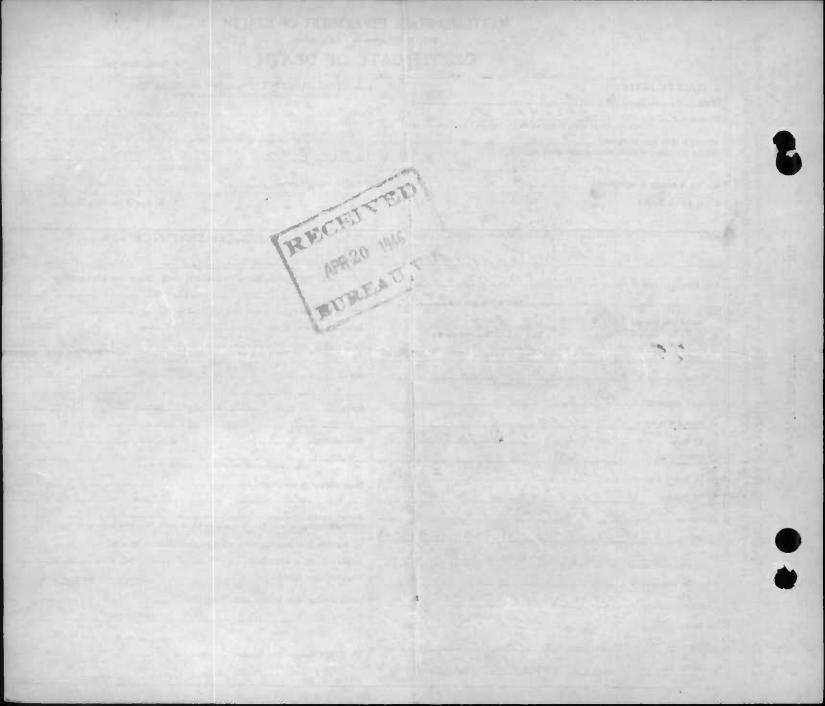
# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 990

# CERTIFICATE OF DEATH

			-	11.
Ran	Dist.	No	21	14

CERTIFICAT	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County MONTGOMERY	State MD. County MONTGOMERY
City or town. S/L+ER SPRING (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	Street No. 1914 STRATTON RD.
nuspital, institution, of shock subjects where additional states	Street No. (If rural, give LOCATION)
	2.(a) If yeteran, name war.
How long In hospital or Institution?	
3. (a) FULL NAME MYRON H.	570 UT 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M W MARRIED	20. DATE OF DEATH 12 02 19 19 19 19 19 19 19 19 19 19 19 19 19
B.(b) Name of husband or wife CLARINDA CROUTE	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) It ellve, give age 70 years	19.21 , to be parties - 18.55
7. Birth date of	and that I last saw h. Languelive on
deceased (mo., day, yr.) MARCH 5, 1869	Immediate cause of death OURATION
8. AGE: Years Months Days It less than one day	John James July
76 7hrsmin.	
LODI W.V.	Que to Mean is brightered to beach
8. Birthplace	and the second s
10. Usual occupation. KETIRED	Oue to John Collises Miles In John John John John John John John Joh
11. Industry or business U.S. GOVT.	
11. Name — SREAL 14. STOUT	
E 12. Name	Other conditions
	(Include pregnancy within 8 months of death)
14. Maiden name MARY MC DOFFEE  15. Birthplace MCDUFFEETOWN Y.Y.	Major findings of operations
15. Birthplace MCDUFFFEETOWN K.Y.	Major findings of operations
16. Intermant MRS MYRON H. STOUT	Antopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 1914 STRATTON RD. SILVER SPG.	22. VIOLENCE: If death was due to external causes, till in the tollowing:
BURGAL BOIL HAR. 5,1846	
17. Burial, eremation, or removal. Which?)  Date thereof MAR. 5/1946. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did Injury occur?
Location LNTERLAKEN N.Y.	Injured at home, tarm, Industry, public place (where?)
	Means of Injury Injured at work?
18. Funeral director. 500 Gawles Jones.	11/1/1/1
Address 1756 Pa are n.a. Wash D.C	23. SIGNATURE SISSING GOLD CONTROL CON
mar 3 myl Jourhine De Schaeffer	M. D. or other
19. Mar 3 19.46 Josephine My Johnston Ragistrar	Address 562 Collista III Date signed III The



# 2411 N. Charles St., Baltimore (6)

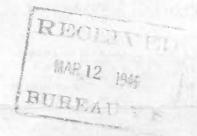
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CEDTIEIC	TATE	OF	DEATH

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10	0.06			no	1 16
100	Reg.	Diat.	No.		14

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Montgomery	Mariland Martanery		
City or town	State Maryland county Montgomery		
How long in above place of death?	City or town		
Hospital, institution, or street address where death occurred:	Street No. R. # 3 - Norbeck.		
The Montgomery County General Hospital	(If rural, give LOCATION)		
How long in hospital or institution? 2 days.	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Widowed.	20. DATE OF DEATH. 3 8 4 6 19 19 19 19 19 19 19 19 19 19 19 19 19		
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
6.(b) Name of husband or wife	3 6 46 19 10 3/8/46 19		
7. 8irlh dale of 1100%	and that I last saw h.C.Y. alive on 3 8 46 19		
deceased (mo., day, yr.) March 16, 1883	Immediate cause of death Cardias Failwrd DURATION		
8. AGE: Years   Months   Days   It less than one day	2 hours		
62 11 23hrsmin.			
	Due la Cona: Distric 3 de ma		
9. Birthplace	Dus 10 Som a Sharp		
10. Usual occupation. IRETIREO.			
	Dus lo		
11. Industry or business			
12. Name Jacob Ryte  13. Birthplace Switzerland.	Other conditions		
	(Include pregnancy within 3 months of death)		
14. Maiden name Anne Stucke			
le l	Major fiadings of operations.		
	Date of op.		
16. Informant Hospital records.	Autopsy results		
Address OLNEY - MONTG. Co. MO.			
	22. VIOLENCE: If death was due to external causes, till in the tollowing;		
17. CREMATION.  (Burial, cremation, or removal, Which?)  Bale thereof. Mark. 11 1946.  (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory. FORT LINCOLN.	Where did injury occur? (City or town) (County) (State)		
LOCATION PRINCE GEORGES CO. 170.	Injured at home, farm, Industry, public place (where?)		
^	Means of Injury Injured at work?		
	0 0 0 0 0		
Address SILVER SPRING - MR	23. SIGNATURE Lamin Allen M.D.		
12 xx cd 10 1166 Josephine Schaeller	23. SIGNATURE M. D. or other		
19. Weich 10 19.4 (a Josephine Delaiffu (Date ree'd by registrar)	Address Dale signed 7 & La		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The dorrect age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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# H) MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-4

CERTIFICAT	TE OF DEATH Reg. Dist. No. 223
City or town.  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution or street address where death occurred:  How long in hospital or institution?  3. (a) FULL NAME  Constant of the street of the	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State  County  City or town  (If outside city or town limits, write RURAL and give yearest town)  Street No.  (If rural, give LOCATION)  2.(a) If veteran, name war.  3. (b) Social Security Number
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced   5 ingle	MEDICAL CERTIFICATION  20. DATE OF DEATH  MEDICAL CERTIFICATION  10 4 10 a. n
6.(b) Name of husband or wife	21. I CERTIFY that death occupied on the date above stated; that I attended deceased from Cocto Velve 19.43 to Mar. 2/19.46 and that I last saw h. 22 alive on War 19.46
8. AGE: Years Months Days If less than one day	Due to.
1D. Usual occupation	Other copylitions Thoke and Jas 9 4 4 4
14. Maiden name. Elizabeth streeth  15. Birthplace  Glisabeth Liktor Holfrook	(include pregnancy within 3 months of deavn)  Major findings of uperations
Address 4008 35 M Ramer M  Remark  17. (Burial, cremation, or removal, Which?)  Date thereo (month) (dayly year)	Accident, suicide, or homicide
Cometery or crematory  Location  18. Funeral director.	Where did Injury occur?
18. March 2/19 467 HAMM NOULA (Date rec'd by registrar) Registrar	23. SIGNATURE ON M. M. D. or other M. D. or other M. D. de signed 3. 21 Al

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BUREAU V. S.

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The constant is especially important. Physicians: please write the causes of death clearly and legibly.

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 72-6

# CERTIFICATE OF DEATH

			21/
Reg.	Dist.	No.	216

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county Montgonery	State Maryland county Montgomery
City or town	
How long in above place of death?	City or town
Hospital, Institution, or street address where death occurred:	Street No. T. L. T. D. T. Z. Z. L. L. Z.
How long in hospital or Institution? 3 days 14 trours	2.(a) It veleran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
James Toda	
4. Sex   5. Color or tace   8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white single	20, DATE OF DEATH March - 9, 19 46, 21 11:30 AM
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above slated; that I altended deceased from
5.(c) If alive, give age	6 march 19 44, 10 9 March 18 46
7. Birth date of	and that I last saw h.f. M. alive on 9 M. arch 1946.
deceased (mo., day, yr.)  8. AGE: Years   Months   Days   If less than one day	Immediate cause of death DURATION
51 6 3min.	personage from touto-
7/2011/1	Due to Chadrie mitral stenosis (Theumatic);
9. Birthplace (gown, county, and state)	Duration: not known Clubs
10. Usual occupation.	Que to.
11. Industry or business	
12. Name Edward Todd 13. Birthplace	Other conditions East hageal varices, massing homor
	(Include pregnancy within 3 months of death)
14. Maiden name Mary au Pallarton	
14. Maiden name Mary au Polarton.  15. Birthplace Plenna	Major findings of operations.  Date of op.
16. Informant Mary & Jouls.	Autopsy results. Latin
001.0. 2001	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Alvery M. 7. 9.1941	22. VIOLENCE: It death was due to external causes, fill in the following:
17. (Burial, cremation, or removal. Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Congressional Curus	Where did injury occur?
Location O Hash. D.C.	Injured at home, tarm, industry, public place (where?)
18. Funeral director Seo. W Wise Co Sry	Means of Injury Injured at work?
Address 2900 m St nw. Wash 10	1150 10 0 200
2/2 // 7/2 E () /	23. SIGNATURE M. D. or other
19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	sodies Sulverlan Haspital Date Signed 9 March 1946

BUREAU V S.

# WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

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# MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

2411 N. Charles St., Baltimore 9/20

1. PLACE OF DEATH: MONT COUNTY COUNTY 8000 Westover Rd. Bethesda Md			Dellesua mu	2. USUAL RESIDENCE (HOME) (For newborn infants give residence of	OF DECEASED: of mother)	
City or town			hesda, Md	State County		
How long in above place of Hospital, institution, or st	death?reet address where	death occurred	***************************************	Street No	its, write RURAL and give nearest town)	
					V-200111011)	
3. (a) FULL NAME					3. (b) Social Security Number	
J. (u)		Fle	anora L. Tod	hunter	0.(0) 20000 000000	
4. Sex	5. Color or race		e, married, widowed, or divorced		CERTIFICATION	
F	Var.		Widowed		15- 19 46 at 5:45 A	
6.(b) Name of husband or			E.	21. I CERTIFY that death occurred on the date a	bove stated; that I attended deceased from	
7. Birth date of	*************************	6.(	c) If allve, give ageyear		ar. 14 18 46	
deceased (mo., day, yr.)		10-		Immediate cause of death.	1 -	
8. AGE: Years	Months	Days	If less than one day	dised	5 ys.	
81	-	155	hrs min	-	0	
9. Birthplace	eeling,	W. V	a state)	Due to R temmatre	endocardeto many	
	(Town,	eounty, and	state)		years	
	:::::::::::::::::::::::::::::::::::::::	C	000000000000000000000000000000000000000	Due to Kteumalis	drains Many	
11. Industry or business	ohn T.	McDer	mot	-	was:	
目 12. Name				Other conditions		
	Unknown		7 2	(Include pregnancy within	8 months of death)	
14. Maiden name	Virgin	la Gl	lpln	Major findings of operations		
H 14. Maiden name	Unkno	wn				
	P Hol	lines	worth	Antonsy results.		
	······································	2.4.18.4	Son-in-law	PHYSICIAN: Please underline the cause to	which death should be charged statistically.	
Address	0		- 1 1 /	22. VIOLENCE: If death was due to external of		
(Burial, cremation, o	r removal. Which?)	Dale ther	eof	Accident, suicide, or homicide	Date of	
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Where did injury occur?(City or town	(County) (State)	
					(where?)	
Location	/ // 5	13/	· 10 10	Means of Injury	Injured at work?	
18. Funeral director	Q N:/1	1/4	neo Co	( ) L		
Address 2901	- 14 A	7 7	rw	- 23. SIGNATURE SCOY S.	edans.	
3/15		7	m E Inhas	23. SIGNATURE	M. D. or other	
Date rec'd by regis	197	/	Restra	Address 1 150 Com.	Rul - Date signed 3-15-46	

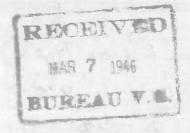
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ect age		FE OF DEATH Reg. Dist. No.
information carefully. The correct age of death clearly and legibly.	1. PLACE OF DEATH:  County. 624 SLICO AVE. Mont. County  City or town. (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Heepital, Institution, or street address where death occurred:  (224 SLIGO AJE  How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
ormatî death	3.(a) FULL NAME WILLIAM - S - TYLER.	3.(b) Social Security Number
IDING cen of info	4. Sex Solor or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION  20, DATE OF DEATH. 3 MARCH 1946, 212:45 AM
VS A15 9-45 CH MARGIN RESERVED FOR BINDING PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of is especially important. Physicians: please write the causes	8.(6) Name of husband or wife EVELYN TYLER  7. Birth date of deceased (mo., day, yr.) DEC. 11 1890  8. AGE: Years Months Days It less than one day  55 2 22 — hrs. min.  9. Birthplace MONT COMERY CO. MO.  (Town, county, and state)  10. Usual occupation ICE DERLER  11. Industry or business  12. Name NOBAE TYLER  13. Birthplace MONT COMERY CO.  14. Maiden name MARY JANE GLADMAN  15. Birthplace MIARYLAND  16. Informant MRS. EVELYN TYLER  Address G24 SLIQO AUE  17. BURIAL (Burial, cremation, or removal, Which?)  Cemetery or crematery ColeSYILLE  Location COLESYILLE MONTG. SILVER SPRING MONTG.  18. Funeral director Warres & Pumpling Montages  Address 8434 GA FIJE SILVER SPRING MONTG.  19. Man 4 194 6 Surpling Montages  19. Man 4 194 6 Surpling Montages  Registrary Registrary	Immediate cause of death
	(Date rec'd by registrar) Registrar	JILVER SPRINK, MD.



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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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Reg. Dist. No. 714

1 Mark more the	
1. PLACE OF BEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Office of the County of	State Man County France Keorge
City or town (If ontside city or town lights, write RURAL and give nearest town)	101. One
How long in above place of death?	City or town(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
Su ha	(If rural, give LOCKTON)
How long in hospital or institution?	2.(a) If veteran, name war.
13.(a) FULL NAME Haymond Clark V.	3. (b) Social Security Number 577-16-6063
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION BOG
Male It. Married	20. DATE OF DEATH. 1946, at 45 M
Lena B.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	Jeh 15 19 46 10 Mas 6 19 X6
7. Birth date of	and that I last saw he alive on Mar. 5
deceased (mo., day, yr.)	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	Abrevial Vismbous 6hrs
hrs. min.	
9. Birthplace (Town, county, and state)	Due to Comparad aniemo decembras Ogra
10. Usual occupation. Claractor	Busto
11. Industry or business The Michael Myers mi	
# 12. Name Frank Virnotein	Other conditions Augustensian 5415
12. Name Stank Vinotein  13. Birthplace Kermany	Could Circulatory Jailure
	. (Include pregnancy within 3 months of descri)
14. Malden name Chara Clark  15. Birthplace Seland	Major findings of operations
15. Birinpiace	Date of op
13. Informant	Antopsy results
Address 23/1-/18- 11-11	22. VIOLENCE: If death was due to external causes, fill in the following;
17 Dunal Date thereof 3/9/46	Accident, suicide, or homicide
(Bnrial, cremation, or removal Which?) (month) (day) (year)	
Cemetery or crematory	
Location	Injured at home, farm, industry, public place (where?)
18. Funeral director	Means of injury Injured at work?
Address 2901-148 St. N.W. Wach. D.C.	Stylmoten!
Dearl and Small west of	23. SIGNATURE M. D. or other
19. (Date rec'd by registrar)	Address 311-16-11 W Date signed 3/6/4/6

RE MAR 9 1946 BUREAU V. B. MARGIN RESERVED FOR BINDING

WRITE PLAINLY, is especially

PLEASE

Evidence for change of age MARYLAND STATE DE	EPARTMENT OF HEALTH
of deceased is shown on 2411 N. Charl	FE OF DEATH  Reg. Dist. No. 2/3-
1. RLCE OF DEATH: County City or town. (If outside sity or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:  How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
	2.(d) If veteran, name war
3. (a) FULL NAME Warre	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced  Wale Colored Warried	MEDICAL CERTIFICATION  20. DATE OF DEATH MArch 24 11:20 F
6.(b) Name of hosband or wife	21. I CERTIFY that death occurred on the date above stated; that lattended deceased from 20 19 46 to 10 2 X 19 46
7. Birth date of deceased (mo., day, yr.) Quality 15 18 68	and thet I last saw barna alive oo Ma 2 4 19 4 4
	Immediate cause of death DURATION  Of the property of the prop
9. Birthplace	Due to. Markette
11. Industry or business	Due to
Tall Land	Other conditions Church he phythe
The same of the sa	(Include pregnancy within 3 months of death)
14. Maiden name Davak ann Brooks.	Major findings of operations.

Address

(Date/rec'd by registrar)

Registrar

Means of injury

23, SIGNATUR

Injured at home, farm, Industry, public place (where?) .....

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide..... Where did injury occur? .....(City or town)

PHYSICIAN: Please underline the cause to which death should be charged statistically.

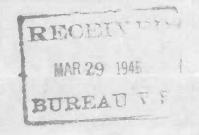
M. D. or other

(State)

Date signed.

(County)

Injured at work?



2411 N. Charles St., Baltimore 940

# CERTIFICATE OF DEATH

1. PLACE OF DEATH;	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Berning	State State County	
(If outside city or town limits, write RURAL and give nearest town)	City or town	••••••
How long in above place of dealh?	1// 1 5/ 10 11	
noughtai, manufacture, or officer about the control of the control	Street No. 12 14 (If rural give LOCATION)	
How long in hospital or institution?	2.(a) If veleran, name war	V
3. (a) FULL NAME	3. (b) Social Security	y Number
4, Sex   5. Color or race   6.(a)Single, married, widowcd, or divorced	MEDICAL CERTIFICATION	
Kurale Col married	20. DATE OF DEATH Max 21 19.55.6	at 2:00 P.
January 1997	21. I CERTIFY that death occurred on the date above stated; that I attended de	
6.(b) Name of husband or wife	Deb Me Page 19 10 , 10 ,	19
7. Birth date of	and that I last saw halive on	19
deceased (mo., day, yr.)	Immediate cause of death	DURATION
8. AGE: Years Months Days If less than one day		Jones of
73hrsmi	" Coronary occlusion	dead
9. Birthplace Statesburg SC,	Due to.	se f
(Town, county, and state)	()	20 clar
10. Usual occupation	Due to	Lass
11. Industry or beffess // /		
12. Name Newsy Blew	Dther conditions	
13. Birthplace		
14. Maiden name adding olden	(Include pregnancy within 3 months of death)  Major findings of operations.	
15. Birthplace	Major findings of operations	
Toller ( Veron Ver	Autopay results.	
16. Informani	PHYSICIAN: Please underline the cause to which death should be charge	d statistically.
Address 2/7 / 1/4. 100.	22. VIOLENCE: If death was due to external causes, fill in the following;	III III
(Burial, cremation, or removal. Which?)  Date thereof (month) (day) (year)		
	Where did injury occur?	
Cemetery or crematory		
Location	lajured at home, farm, Industry, public place (where?)	
18. Funeral director. Malvan + Sehey	Means of Injury Injured at work?	ma I
Address Mash, D.C. (200063)	Frank J. Broschut	m.O.
3129 46 Mm F 10.	23. SIGNATURE M. D	), or other
19. (Date rec'd by registrar) Registra	ar Address Saistrestang and Date signer	3-29-46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

APR 4 1946
BUREAU V B

correct age

RLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The case write the causes of death clearly and legibly

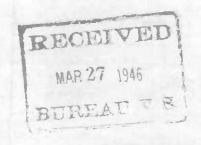
# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 107

# CERTIFICATE OF DEATH

-	0%	046.6
X	Reg. Diat.	No. 218

City or town long in above place of death?  How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
3. (a) FULL NAME 7	3. (b) Social Security Number
Henson R. Waters	5.(4)
4. Sex S. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Col Lungle	20. DATE DE DEATH Mar 23 18 46, at 50 M
	21. J CERTIFY that death occurred on the date above stated; that I attended deceased from
B.(b) Name of husband or wife	Mar 16 19. 46. 10 Mars 23.13.46.
7. Birth date of 7. Sirth date of 7. Sir	and that I tast eaw h. at alive on
decnased (mo., day, yr.) May	Immediate cause of death
o. Auc.	P
	Browlafiremonia
9. Birthplace. Zund (Town, county, and state)	Due to.
10. Usuat occupation.	ally.
	Due to
11. Industry or business	
E 12. Hame Herron I. Walus	Dther conditions
₹ 13. Birthplace 200	(Include pregnancy within 3 months of death)
14. Maiden name. Clarin Wattus  15. Birthplace 2005	Major Endings of operations
15. Birthplace Zust	Date of op.
16 informant Clarin Waters	Antopsy results
Address Washington Prove me	PHYSICIAN: Please underline the cause to which death should be charged statistically.
D -1 1 124 1340	22. VIOLENCE: 11 death was due to external causes, fill to the following:
(Burial, cremation, or removal. Which?)  Dale thereol (month) (day) (year)	Accident, suicide, or homicide
Cemetery or cremotory 3 souther 1 vove rule	Where did injury occur?
Location Lattoniville mel	Injured at home, farm, Industry, public place (where?)
Rul Al Barbar	Maane of injury Injured at work?
18. Funeral director	m Work me
Address afformille my	23. SIGNATURE
19 March 24 19 46 abula & arthur Registrar	Address Unthishing Date signed May 2446



# VS A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# )2843 1223 Reg. Dist. No. ....

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	3	٠,	100
-1	100	<i>II</i> —	A. B

# CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County handgomery County	State Six Of Bol County
City or town (If outside city or town limits, write RURAL and give nearest town)	City or town. 45 aslundon
How long in above place of death?	(If outside city or town limits write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 1614 - Que Street) W.W.
How long in hospital or institution?	(If rural, give LOCATION)
	2.(a) If veteran, name war
3. (a) FULL NAME alice E. Wewer	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female Widowed.	2D. DATE DF DEATH 1916 19 at 12:50 Am
6 (h) Name of husband or wife blarence a. Weaver	21/1 CERTIFY that death occurred on the date above stated; that I attended deceased from
Control of the contro	Jan. 25-1946 19- 18-18-18 Mags. 3, 19 46
7. Birth date of	and that t last saw h. 9allive on
ueceaseu (mo., ua), yi-/	Immediate cause of death.
8. AGE: Years Months Days If less than one day	I can olar affellion
	A Part of Part
9. Birthplace County, and state	Due to Car als Vallacety Renat.
11. 10. 200	
1D. Usual occupation	Due to
11. Industry or business	
12. Name Frederich Edmunds  13. Birthplace Philadelphia Penna	Other conditions
	(Include pregnancy within 8 months of death)
= 14. Maiden name	Major findings of operations
15. Birthplace	Date of op.
16. Informant Hospital Records	Antopsy results
Address Wash Saintarium , Ila Pla Med.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
D 0 N / 1011/	22. VIOLENCE: If death was due to external causes, fill in the following:
17	Accident, suicide, or homicide
Cemetery or crematory Carlington notional Cometery.	Where did injury occur? (State)
Location Carlington Virginia	injured at home, farm, industry, public place (where?)
n A LA A Q Q Q	Means of injury injured at work?
18. Funeral director	Langual ly Bolls
Address 300 - U Sheet With The Control of the Contr	23. SIGNATURE
19. (Date ree'd by registrar)  (Date ree'd by registrar)	Address 2028. 16 th Dhu M. D. or others



			,			0		100
317	Reg.	1	3	BY	11	1	L	9.
100	Keg.	$\nu$	SEL.	MO				

CERTIFICAT	TE OF DEATH Reg. Det. No. 223.
1. PLACE OF DEATH:  County Mantgamer.  City or town. In the case of death?  How long in above place of death?  Washing for street address where death occurred:  Washing for hospital or institution?  How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State County County County County City or town limits, write RURAL and give nearest town)  Street No. (If outside city or town limits, write RURAL and give nearest town)  (If rural, give LOCATION)  2.(a) If veteran, name war
3.(a) FULL NAME Weigle, Mr. Ira Augustus	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced  Male white Married	MEDICAL CERTIFICATION  20. DATE OF DEATH  March 31, 19 44, 21 4:05 P. M
6.(b) Name of husband or wife. Mr. 5. Ronga Eliza Weigle  7. Birth date of deceased (mo., day, yr.) August 3, 1875  8. AGE: Years Months Days If less than one day  70 7 28 hrs. min.  9. Birthplace Bearders Ville Range Adams Co.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
10. Usual occupation. Carpenter  11. Industry or business  11. Industry or business  12. Name Toba Andrew Weigle  13. Birthplace Benders ville lenna. Adams Co.  14. Maiden name. Sarah Tane Wolf Penna. Adams Co.  15. Birthplace Penna. Adams Co.	Director Dilatation I heart "  Chronice Passive Congettore "  Dither conditions States Duttesting "  (Include pregnancy within 3 months of death)  Major fiadings of operations.
16. Informant	Antopsy results
19 Dogistian Desistar	Address Takoma Park, Md. Date signed 3-31-46

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct ag

APR 2 1946
BUREAU ER

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 472

# CERTIFICATE OF DEATH

	CERTIFICAT	Reg. Dist. No
How long in above place of death? 22  Hospital, institution, or street address where  US Naval Hospital,  How long in hospital or institution?  3. (a) FULL NAME	mits, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
4. Sex   5. Color or race   W-US	6.(a) Single, married, widowed, or divorced single	MEDICAL CERTIFICATION  20 March  19 46 21 1:10 P.1
		21. I CERTIFY that death occurred on the date above stated: that I attended deceased from  26 Feb. 146 to 20 March  19. 146  and that I last saw h im alive on 20 March  19. 146  DURATION
8. AGE: Years Months 68 3	Days It less than one day	Cardioe failure 4h.
11. Industry or business	from government	Due to Hyperlansio
13. Birthplace Va.		Other conditions
14. Maiden name Martha F	Idili	Major findings of operations
Address 3109 2nd St.,  burial (Burial, cremation, or removal, Which		Autopsy results. On those and the cause in which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, till in the following:  Accident, suicide, or homicide
Location Arlington,	on National Va.	Where did injury occur?
	vd., Arlington, Va.  Mary Charlotte Smith  Registra	23. SIDNATURE C. W. THOMPSON, Lt. Cdr. (MC) USNR M. D. or other

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The borrect age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING



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APR 3 1946
BUREAU V.A.

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

02846

# CERTIFICATE OF DEATH

A 1	had "	
3		Re

g. Diat. No. 223

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
county Montoomery	State District of Columbia County
City or town Tokoma Park.  (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death? Lyear: Tmonths; Ildays	City or town Washington D. C. (If outside elever town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 1301 Vermont Avenue, N.W.
Washington Sanitarium and Hospital	(If rural, give LOCATION)
How long in hospital or institution? I year: 7 months; Ildays.	2.(a) If veteran, name war
3.(a) FULL NAME	3. (b) Social Security Number
Wicks. Mrs. Florence	None.
4. Sax   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Widowed	32.
A4 🕥	20. DATE OF DEATH March 20 1940 al 5 P.M
6.(b) Name of husband as wife MY. Koss Wicks	21. I CERTIFY that death occurred on the date above stated; that I allended deceased from
January 25, 1878 6.(c) If alive, give age 68 years	18f T to March 20 18 44
T. Birth date of	and that I last saw has alive on March 20 19.46
deceased (mo., day, yr.)  R ACF- Years   Months   Days   If less than one day	Immediate caose of death DURATION
0. 10 1 02	Coronary Celusion Jennist
6.8 23min.	
9. Sirthplace Russell Ville Chio (Town, county, and state)	Due to Carnary Allerosis years
(lown, county, and state)	
10. Usual occupation. House wife	Due to Whereas lesosis- Jesus Jeans.
11. Industry or business own home	
12. Name	Other conditions
12. Name Information  13. Birthplace not Signature	
E avail in	(Include pregnancy within 3 months of death)
14. Maiden name	Major fieddings of operations.
≥ 15. Birthplace	Date of op.
18. Informant Washington Sanitarium and Hospital Records	Autopsy results
Address Takoma Park, Maryland	PHYSICIAN: Please ooderline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following;
Bale thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
YA	
Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director S TT TT Land Co.	Meens of Injury Injuryd at work?
Address 2981 - 14th St. Well. Wash; DC.	- ( when I Harrely ).
120	23. SIGNATURE. M. D. or other
19. Wax 20 19.46 \tag{\text{Pata rac'd by registrar}}	Addres Jakoma Purk Md. Date signed 2/20/46



2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

()	5	S	12	21	
12	4	0	7	0	

Reg. Dist. No. 223

1. PLACE OF DEATH: Mintgomery	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County	mainista idal mantagana	
City or town	State Mary County Mary Dark	
How long In above place of death? 101 days	City or town (If outside city or town limits, write RURAL and give nearest town)	
Hosgital, institution, or street address where death occurred:	714 maple ave.	
Washington Sanitarium + Nosp.	Street No. (If rural, give LOCATION)	
How tong in hospital or institution? 101 days	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
Williams, Mr. Charles E. G.		
4. Sez 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
male White Single	20, DATE OF DEATH March 13 19 46 , at 10:00 P. N	
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that t ettended deceased from	
7. Birth date of San Local Country (Country Street Country Street	1941, 10 March 13 1946	
7. Birth date of	and that I last saw half alive on March 13 1946	
deceased (mo., day, yr.) Sept. 18, 1917  8 ACF- Years   Months   Days   If less than one day	Immediate cause of death	
O. Aul.	acute rephrais 6 mos.	
31 5 26nrsmin	<u>-  </u>	
9. Birthplace Newport News, Virginia (Town, county, and state)	. Due to	
10. Usual occupation Student	63	
	Due to Hypestersion 6 mos	
11. Industry or business	- A Standard Standard Standard	
12. Name. Mr. Charles E. Williams  13. Birthplace MANANON CITH, PENNA.	Dther conditions we backer out of the state	
	(Include pregnancy within 3 months of death)	
14. Malden name Susan F. Flopkins.		
14. Malden name SUSAN F. HOPKINS.  15. Birthpiace GRAFTON, VIRGINIA.	Major findings of operations.	
7.1 1	Date of op.	
16. Informant Washington Danitarium + 1105P	Antopsy results	
Address Takoma Park, Maryland, Records		
17 Burial Bate thereas March 16, 1946	22. VIOLENCE: If death was due to external causes, fill in the following;	
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory The Suncola Cemetery.	Where did injury occur?	
Location Bladenolus a Good at Ito line .	tnjured at home, farm, Industry, public place (where?)	
18. Funeral director of Tablus Titles	Moans of Injury Injured at work?	
10. Funeral orector.	I the taken is	
August of the man and the same	23. SIGNATURE OFFEN Ware M. D. or other	
19. (Date ree'd by registrar)	Address Takoma Park, Md. Date signed 3/13/46	





RECEIVED

MAR 16 1946

BUREAU V.S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (140)

# CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH:  County NON TOOMERY	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta, give residence of mother)
City or lown. Brth E3 A. (If outside city or town limits, write RURAL and give nearest town)	State Mary and County Mondownly
How long to above place of death? 2 HR. 50 m i N.	City or town (if outside city or town limits, write RURAL and give nearest town)
Hospital, tostitution, or street address where death occurred:	Street No. 11 Spruce (1MC-
Suburban Hospital	(If rural, give LOCATION)
How tong In hospital or Institution? 2 h.R. 50 m i N.	2.(a) If veteran, name war.
3. (a) FULL NAME HELEN S. VOUNG.	3. (b) Social Security Number
4. Sex 5. Color or race / 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F. W. MARRIED.	20. DATE OF DEATH March 7 10 46 at 1:30 9 M
8.(b) Name of husband or wife WAITER H. YOUNG	21. I CERTIFY That death occurred on the date above stated; that I allended deceased from
	3/1/19.46, 10. 3/2 19.46
7. Birth date of deceased (mo., day, yr.) JUNE 27-1903.	and that I last saw h maalive on
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death DURATION
42 8 4min.	Thyall games buchania Zyan
9. Birthplace WAShington D.C. (Town, county, and state)	Due to
10. Usuat occupation / HOUSE WITE	Bue to.
11. Industry or business	
12 Name Burtis W Sommers.	Other conditions
13. Birthplace WAShington D. C.	(Include pregnancy within 3 months of death)
14. Malden name MARY Shannon.  15. Birthplace NEW YORK.	(Include pregnancy within 3 months of death)  Major fisdings of operations.
\$ 15. Birthplace NEW YORK.	Date of op.
16. Informant husband-	Autopsy results
Address 5 AME.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
B. C. 1 3/9/11	22. VIOLENCE: If death was due to external causes, fill in the following;
17(Burlal, cremation, or penoval, Whiteh)  Dale thereof(month) (day) (year)	Accident, suicide, or homicide
Cometery or crematory. Took Clerk Intelligence	Where did injury occur?
Location Washington, D. C.	Injured at home, farm, Industry, public place (where?)
18. Funeral director I 9m Heuley Fremphrey	Means of Injury Injured all work?
Address 1557 Wis. Care. Betherday, MB	23. SIGNATURE Sures Seriasio No.
19. (Date rec'd by registrar) 19.46 . The Englisher	Address Sathurda 14, 24 Bate signed 3/8/46

77 BUREAU V.B. March Land